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PROCEEDINGS

OF THE

TWENTY-FOURTH ANNUAL SESSION

OF THE

HOMŒOPATHIC MEDICAL SOCIETY

OF THE

STATE OF OHIO,

HELD AT

DELAWARE, MAY 8 and 9, 1888.

HAMILTON:
DAILY NEWS BOOK AND JOB ROOMS,
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To the Members of the Homœopathic Society of Ohio:

We respectfully submit the proceedings of your twenty-fourth annual session, held in Delaware, May 8th and 9th, 1888.

C. E. WALTON, M. D., } COMMITTEE OF PUBLICATION.
H. POMEROY, M. D., }

OFFICERS—1888.

President—N. SCHNEIDER, M. D., Cleveland.
First Vice-President—E. R. EGGLESTON, M. D., Mt. Vernon.
Second Vice-President—J. A. GANN, M. D., Wooster.
Secretary—C. E. WALTON, M. D., Hamilton.
Assistant Secretary—M. B. HUNT, M. D., Delaware.
Treasurer—H. POMEROY, M. D., Cleveland.
Necrologist—D. H. BECKWITH, M, D., Cleveland.

CENSORS.

E. V. VanNorman. M. D., Springfield.
M. M. Eaton, M. D., Cincinnati.
J. H. Wilson, M. D., Bellefontaine.
J. D. Buck, M. D., Cincinnati.
T. G. Barnhill, M. D., Findlay.
M. H. Parmelee, M. D., Toledo.
W. A. Phillips, M. D., Cleveland.

OFFICERS—1889.

President—C. E. WALTON, M. D., Hamilton.
First Vice-President—C. L. CLEVELAND, M. D., Cleveland.
Second Vice-President—FRANCES G. DERBY, M. D., Cleveland.
Secretary—FRANK KRAFT, M. D., Sylvania.
Assistant Secretary—C. D. CRANK, M. D., Cincinnati.
Treasurer—H. POMEROY, M. D., Cleveland.
Necrologist—D. H. BECKWITH, M. D., Cleveland.

CENSORS.

H. E. Beebe, M. D., *Chairman,* Sidney.
J. H. Wilson, M. D., Bellfontaine.
J. D. Buck, M. D., Cincinnati.
Wm. Owens, M. D., Cincinnati.
R. N. Warren, M. D., Wooster.
E. R. Eggleston, M. D., Mt. Vernon.
Flora A. Waddell, M. D., Wauseon.

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Homoeopathic Medical Society of Ohio.

MINUTES.

First Day—Morning Session—Tuesday, 10 A. M.

Delaware, O., May 8, 1888.

The twenty-fourth annual session of the Homœopathic Medical Society of the State of Ohio was convened in the Presbyterian church, with President N. Schneider, M. D., of Cleveland, in the chair. Owing to the fact that the morning trains did not reach Delaware until noon, and only a few members were then present, a recess was taken till 1.30 P. M.

Afternoon Session.

Promptly at the appointed hour the meeting was called to order, and the invocation was pronounced by Rev. McCabe, of Delaware.

The minutes of the last meeting were presented and accepted.

SECRETARY'S REPORT.

To the Homœopathic Society of Ohio:

The Secretary of this society reports the addition of twenty-one members to the society at the last meeting held one year ago in Cleveland. This makes the entire membership to number two hundred and sixteen, including in this enumeration the honorary, the non-resident and active members. Five hundred and fifteen physicians of the state have been notified of this meeting at Delaware. When we know that there are between six and seven hundred Homœopathic physicians in Ohio we can readily appreciate the disproportionate membership of this Society. The fact that but two-sevenths of the profession are associated for the advancement of our mutual interests would indicate that there is still room for missionary work, that the active members have certainly not exhausted all their efforts towards enlarging the society.

For the first time in the history of the society its proceedings have appeared in substantial book form, and it is hoped that the support of the treasury will secure the permanency of this evolution.

The expenses of the Secretary's office for the current year have been for postal cards, printing, mailing and certificates, $43.65.

The duties of the office, involving as it does not alone the registration of the minutes of the society, but the editing and printing of its proceedings; not alone the solicitation of attendance and the furnishing of papers, but the irritation of the various bureaux to the responding point where a program passes from an unknown to a known quantity; these duties, I say, have been performed with painstaking care, and if the results have not been commensurate with the efforts, all the worse for the results. The present Secretary takes this opportunity to announce that after the conclusion of the labors incident to this session he will expect to be relieved from further duty in this direction. A three years' service should entitle him to the right of requesting that the Secretary's mantle should be allowed to fall on other shoulders.

With thanks for the uniform support given by the society,

I am with respect,

C. E. WALTON, Secretary.

On motion the Secretary's report was accepted.

TREASURER'S REPORT.

The Treasurer, Dr. Pomeroy, made the following report:

RECEIPTS.

Cash on hand May 10th, 1887	$ 74.90
Subsequent collections to May 8th, 1888, as dues	355.00
Total	$429 90

PAYMENTS.

To C. E. Walton, M. D., Secretary, (stationery bill)	$ 57.00
" H. Pomeroy, M. D., (postage, stationery and collection)	20.00
" C. M. Campbell, for publishing proceedings for 1887	283.60
" Buel & Roberts, for printing 100 circulars	1.75
" Frank Kraft, stenographer	45.00
Total	$407.35
Balance cash on hand May 8th, 1888	$22.55

The increase in the expenses of this year over those of last, is due to the fact that the printed proceedings are nearly seventy pages larger and are bound in cloth, necessitating increase of printer's, stenographic and other bills.

Respectfully submitted,

H. POMEROY, Treas.

This report was referred to an Auditing Committee, consisting of Drs. H. E. Beebe, C. L. Cleveland and John A. Gann, which subsequently reported that the Treasurer's Report was found to be correct On motion the statement was accepted and the committee discharged.

DELEGATES' REPORT.

North Eastern Society.

Dr. H. W. Carter, of Cuyahoga Falls, and Dr. R. N. Warren, of Wooster, were the accredited delegates of this society, and Dr. Warren reported as follows:

WOOSTER, O., May 7th, 1888.

Ladies and Gentlemen of the State Medical Society:

I have the honor and the pleasure to report to this society that the Northeastern Ohio Homœopathic Medical Society is in a very flourishing and prosperous condition.

We have a membership of nearly sixty live, active, working members. We hold our meetings regular twice a year, in April and October, and our meetings are well attended. The exercises consist of papers, discussions, clinics, and always an excellent dinner, which last, as you well know, is always appreciated by physicians.

Our last meeting, in Youngstown, was unusually good. The doctors of that enterprising city took great pains to entertain and and make our meeting both profitable and pleasant. Large numbers of interesting clinical cases were presented to the society by the doctors of that city.

The next regular meeting will be held in Warren, O., the third Wednesday in October, to which every Homœopathic physician of the State Society is cordially invited.

The following are the officers elected for the ensuing year:

President—Dr. Allen, of Youngstown; Vice-President—Dr. Croft, of Medina; Secretary—Dr. F. M. Clark, of Salem; Treasurer—Dr. R. B. Rush, of Salem.

Drs. Wm. Webster, of Dayton, and Dr. J. C. Fahnestock, of Piqua, delegates from the Montgomery County Society, gave verbal reports of their flourishing society.

The President then introduced Hon. J. K. Newcomer, Mayor of Delaware, who delivered the Address of Welcome. Response by First Vice-President E. R. Eggleston, M. D., of Mt. Vernon.

BUREAU OF LEGISLATION AND STATISTICS.

Dr. Wm. Owens, Chairman, owing to a very late notification of his position on the bureau had no formal report to make. In lieu thereof he read a petition of the Georgia Medical Society praying Congress to admit free of duty surgical instruments and appliances.

On motion of Dr. Claypool this petition was laid on the table.

Dr. J. W. Clemmer, of Columbus, presented the following report:

The law to prevent adulteration and deception in the sale of dairy products has been so amended that every dealer in *bogus* butter or cheese, and every proprietor or person in charge of any hotel, boarding house, restaurant, lunch counter, and the like, who makes use of any bogus butter or cheese, under whatsoever name, shall display and keep a card in a conspicuous place. The card shall be white, 10 by 14 inches in size, on which shall be printed "Oleomargarine Sold and Used Here," or, "Imitation Cheese," as the case may be, and such cards shall contain no other words. Suits for violation may be brought before a justice of the peace or mayor of any city or village.

A bill was enacted which prescribes: That whoever sells, gives or furnishes to any minor under fifteen years of age any cigarettes, cigars or tobacco, shall be fined not less than five dollars or more than twenty-five dollars, or imprisonment not more than thirty days or both.

The Ames scientific temperance bill became a law. It requires that the effect of alcohol and narcotics on the human system shall be taught in the public schools of the state, either orally or by text, and makes it obligatory upon boards of education to provide for the study for the same; also requires that a knowledge of the subject shall be one of the conditions to securing a certificate to teach after January, 1890.

A law was also created which provides that the council of each city and village, other than cities of the first grade of the first class, shall establish a board of health; such board shall be composed of the mayor, who shall be president by virtue of his office, and six members to be appointed by the council, who shall serve without compensation. The board shall appoint a health officer, and shall notify the State Board of Health of the name and address of such appointee, and may appoint a clerk, as many ward and district physicians as it may deem necessary for the care of the sick, poor, and such other persons as may be in need, and define their duties and fix their salaries; all such appointees shall serve during the pleasure of the board.

Four or five bills to regulate the practice of medicine are still pending. The probability is that neither will pass. Bills to regulate veterinary and dental surgery are also pending.

REPORT OF THE OHIO PENITENTIARY HOSPITAL.

Beginning June 1st, 1886, ending April 30th, 1888.

Number of Patients in Hospital June 1st, 1886.

Medical	19
Surgical	7
Total	26

Admitted from June 1, 1886, *to April* 30, 1888.

Medical	742
Surgical	241
Total	983

Total Number Treated.

Medical	761
Surgical	247
Grand total	1,009

Days Residence in Hospital.

Medical	10,960
Surgical	4,429
Total	15,389

Number of surgical operations		70
Number of deaths		21
From chronic disease	13	
From acute disease	8	
Total	21	

Number of deaths* under former administrations from January 1st, 1880, to June 1, 1866, (six years and four months,) 118, or a yearly average of 18.36.

Number of deaths under present administration from June 1, 1886, to May 1st, 1888, (one year and eleven months,) 21, or a yearly average of 10.95.

---

*Death by violence, suicide or execution not reckoned.

Dr. J. A. Gann moved the adoption of the following resolution:

Resolved, That our Legislative Committee be authorized to present to our State Legislature a petition for a State Board of Medical Examiners.

Carried.

On motion, report of bureau accepted and referred to Publication Committee.

BUREAU OF SANITARY SCIENCE.

This bureau presented:

D. H. Beckwith, M. D.: "Sophistication of Food and Drinks."

J. P. Hershberger, M. D.: "Natural Gas a Sanitary Factor."

J. W. Clemmer, M. D.: "Essential Elements in Sanitary Reform."

E. R. Eggleston, M. D.: "The Relations of Meteorology to Morbidity,"

The papers were received, and referred to Publication Committee.

They were discussed by Drs. Owens, Barnes and Beebe.

BUREAU OF MATERIA MEDICA.

J. P. Hershberger, M. D.: "A Fragmentary Proving of Cactus Grandiflora."

H. C. Allen, M. D.: "A Proving of Magnesia Phosphorica with Clinical Cases."

The papers were received and referred to Publication Committee with the understanding that the "Cactus Proving" should not be published.

Discussion—Drs Barnes, White, Kirkland, Claypool, Clemmer, Fahnestock, Allen, Owens, Eggleston, Carter, Wells, Cleveland, Schneider.

BUREAU OF INSANITY.

Dr. J. D. Buck's paper on "Nerve Impressions" was read by title and referred.

Society then took a recess till 7.30 P. M.

Evening Session.

Upon reassembling the following were presented:

Dr. Eggleston: "Insanity in the Light of the Laws of Continuity."

Lewis Barnes, M: D.: "Views of Insanity."

H. E. Beebe, M. D.: "Diagnosis of Inter-Cranial Lesions."

Papers accepted and referred.

BUREAU OF GYNÆCOLOGY.

A. Claypool, M. D.: "That Corset."

C. E. Walton, M. D.: "Vaginal Hysterectomy."

H. F. Biggar, M. D.: "Phantom Tumor."

Orpha D. Baldwin: "Sanitary Treatment of Uterine Diseases."

Papers accepted and referred.

Discussion by Drs. Porter, Barnes, Hartwell, Owens, Derby, Palmer, Tracy, Cleveland, Biggar, Allen.

The President, N. Schneider, M. D., then delivered the Annual Address, which was referred to a committee consisting of Drs. Clemmer, Beebe and Rush for consideration and recommendation. The Society then adjourned to 9 A. M. Wednesday.

Second Day—Morning Session—Wednesday, 9 A. M.

CENSORS' REPORT.

The following were presented by the Censors for membership and were elected:

NAMES.	RESIDENCE.	WHERE GRADUATED.	DATE.
Allen, Geo. E.,	Youngstown,	Boston University,	1877.
Brenizer, N. O.,	Prospect,	Cleve. Hom. Hosp. Coll.,	1880.
Brickley, Laura,	Harrison,	Pulte Med. Coll.,	1886.

Deuel W. E.,	Piqua,	N. Y. Hom. Coll.,	1876.
Hartwell, Emma B.,	Toledo,	Cleve. Hom. Coll.,	1882.
Kraft, Frank,	Sylvania,	Hom. Med. Coll. of Mo.,	1886.
Palmer, O. A.,	Warren,	Hahnemann, Chicago,	1884.
Pauly, C. A.,	Cincinnati,	Pulte Med. Coll.,	1881.
Porter, Phil.,	Detroit,	Long Island Hosp. Coll.,	1874.
Rodgers, L. D.,	Chicago,	Hahnemann, Chicago,	1884.
Stewart, Tom M.,	Cincinnati,	Pulte Med. Coll.,	1887.
Tims, W. T.,	Sparta,	Cleve. Hom. Hosp. Coll.,	1888.

NECROLOGIST'S REPORT.

D. A. Beckwith, M. D., the Necrologist, being absent, his report was read by the Secretary.

BUREAU OF CLINICAL MEDICINE.

Flora A. Waddell, M. D.; "Verifications of Symptoms."

J. C. Fahnestock, M. D.: "Two Cases of Epilepsy."

T. E. Wells, M. D.: "A Lesson from Failure."

Papers accepted and referred.

Discussed by Drs. Schneider, Barnes, Palmer, Owens, Allen.

BUREAU OF SURGERY.

F. C. Martin, M. D., "A Case of Self-Inflicted Laryngo-Tracheotomy," (a volunteer paper).

R. N. Warren, M. D.: "The Invalid's Bed."

On motion of Dr. Porter a vote of thanks was tendered Dr. Martin.

Papers accepted and referred.

BUREAU OF ANATOMY AND PHYSIOLOGY.

No member of this bureau being present, and no papers presented, the bureau was passed.

BUREAU OF PÆDOLOGY.

C. D. Crank, M. D.: "Etiology of Infantile Summer Diarrhœa."

Francis J. Derby, M. D.: "Prophylaxis of Morbid Conditions During Dentition."

J. A. Gann, M. D.: "Why Does Baby Cry?"

Papers accepted and referred.

Discussed by Drs. Warren, Allen and Kirkland.

BUREAU OF OBSTETRICS.

Wm. Webster, M. D.: "Maternal Impressions on the Child in Utero."

Paper accepted and referred.

Discussed by Drs. Palmer and Owens.

BUREAU OF OPHTHALMOGY AND OTOLOGY.

O. A. Palmer, M. D.: "Orbital Cellulitis," (volunteer paper).
E. G. Rust, M. D.: "Ex-ophthalmic Goitre, (volunteer paper).
R. D. Tipple, M. D.: "Iritis and Some of its Complications."
G. C. McDermott, M. D.: "Injuries of the Cornea."

Papers accepted and referred.

Discussed by Drs. Wells, Palmer, McDermott.

Business Session.

On motion the resignation of Dr. W. A. R. Tenney, of Cincinnati, and of Dr. S. A. Boynton, of Cleveland, was accepted.

Report of Committee on President's Address.

Your Committee on President's Address beg leave to make the following report:

First—The President's suggestions as to organizing the State into districts for the purpose of instituting societies auxiliary to the

State Society, are earnestly commended. It is suggested, too, that this project be placed in the hands of a committee with the desire that the work be begun at once by the committee to be appointed by the Chair, and to report progress at next meeting.

SECOND—We approve the President's condemnation of drug-proving by reckless, ignorant or sickly persons, and agree with him in this, that our Materia Medica is already burdened with provings made with doses in which there is no possibility of drug presence and not in accord with scientific investigation, and that we avail ourselves of every possible means of securing a sound Drug Pathogenesis.

THIRD—The views of the President upon medical education are especially commended, and through his expressions reiterate that the preceptor is responsible for the worth and character of the future physician.

FOURTH—The concise and correct exposition of what Homœopathy is, and what it is not, is well made. We also concur with the President in his denunciation of the dynamization theory which has foisted upon our school all the embarrassment and ridicule which such absurd doctrine merits.

J. W. CLEMMER, Chairman,
H. E. BEEBE,
R. B. RUSH.

On motion Cincinnati was selected as the place of the next annual meeting.

ELECTION OF OFFICERS.

On motion the Society proceeded to the election of officers, which resulted as follows:

President—C. E. Walton, M. D., Hamilton.
First Vice-President—C. L. Cleveland, M. D., Cleveland.
Second Vice-President—Francis J. Derby, M. D., Columbus.
Secretary--Frank Kraft, M. D , Sylvania.

Assistant Secretary—C. D. Crank, M. D., Cincinnati.
Treasurer—H. Pomeroy, M. D., Cleveland.

CENSORS.

H. E. Beebe, M. D., Sidney.
J. H. Wilson, M. D., Bellefontaine.
J. D. Buck, M. D., Cincinnati.
Wm. Owens, M D., Cincinnati.
R. N. Warren, M. D., Wooster.
E. R. Eggleston, M. D., Mt. Vernon.
Flora A. Waddell, M. D., Wauseon.

PRESIDENT'S APPOINTMENTS.

The President announced the following appointments for the session of 1889:

LEGISLATION AND STATISTICS.

Dr. Wm. Owens, Chairman.

Drs. J. W. Clemmer, D. H. Beckwith, C. C. White, J. R. Flowers, Phil. Porter.

SANITARY SCIENCE.

Dr. E. R. Eggleston, Chairman.

Drs. D. H. Beckwith, J. C. Fahnestock, Flora Waddell, W. H. Kirkland.

MATERIA MEDICA.

Drs. H. C. Allen, C. L. Cleveland, J. P. Hershberger.

INSANITY.

Dr. J. A. Gann, Chairman.

Drs. J. P. Hershberger, G. M. Ireland, Lewis Barnes, J. W. Clemmer, C. L. Cleveland, W. H. Kirkland.

GYNÆCOLOGY.

Dr. Phil. Porter, Chairman.

Drs. A. C. Claypool, H. F. Biggar, M. H. Parmelee.

ANATOMY AND PHYSIOLOGY.

Dr. H. Pomeroy, Chairman.

Drs. J. M. Crawford, R. N. Warren, N. E. Wright, W. T. Tims.

PÆDOLOGY.

Dr. Francis J. Derby, Chairman.

Drs. M. A. Gault, M. P. Hunt, C. D. Crank, M. A. Tracy.

OBSTETRICS.

Dr. Orpha D. Baldwin, Chairman.

Drs. J. C. Sanders, Wm. Hoyt, Ellen M. Kirk, H. B. Van Norman.

OPHTHALMOLOGY AND OTOLOGY.

Dr. R. D. Tipple, M. D., Chairman.

Drs. W. A. Phillips, G. C. McDermott, B. B. Viets, W. E. Deuel, E. G. Rust.

SURGERY.

Dr. J. Deetrick, Chairman.

Drs. N. Schneider, W. T. Miller, T. T. Church, T. C. Martin, M. P. Hunt, C. A. Pauly.

NECROLOGIST.

Dr. D. H. Beckwith.

COMMITTEE ON DISTRICT SOCIETIES.

Drs. J. W. Clemmer, R. B. Rush, H. B. Van Norman, Wm. Owens, M. H. Parmelee.

DELEGATES

TO NATIONAL AND STATE SOCIETIES.

American Institute.—Drs. C. E. Walton, M. P. Hunt.
Illinois State Society.—Dr. J. D. Buck.
Indiana State Society.—Dr. G. C. McDermott.
Michigan State Society.—Dr. R. B. House.
Pennsylvania State Society.—Drs. F. Kraft, R. B. Rush.
Kentucky State Society.—Dr. C. A. Pauly.
Ohio State Sanitary Association.—Dr. D. H. Beckwith.
Southern Association.—Drs. Phil. Porter, R. B. Rush.

Chairmen of Bureaus are expected to add to their staff at discretion. On motion the Society adjourned to meet in Cincinnati on the second Tuesday in May, 1889.

CHAS. E. WALTON, Secretary.

ROSTER OF MEMBERS PRESENT.

The following embrace a list of the members in attendance:

Adams, C. B., Cleveland.
Allen, H. C., Ann Arbor, Mich.
Beebe, H. E., Sidney.
Biggar, H. F. Cleveland.
Barnes, Lewis, Kipton.
Baldwin, O. D., Cleveland.
Brenizer, N. O., Prospect.
Carter, H. W., Cuyahoga Falls.
Claypool Albert, Toledo.
Clemmer, J. W., Columbus.
Cleveland, C. L., Cleveland.
Crismore, J. M., Helena.
Deetrick, J., Youngstown.
Derby, J. Francis, Columbus.
Freeman, E. R., Wapakoneta.
Fahnestock, J. C., Piqua.
Flowers, J. R., Columbus.
Gann, J. A., Wooster.
House, R. B., Springfield.
Hunt, M. P., Delaware.
Hunt, B. S., Tawana.
Hunt, J. B., Worthington,
Harding, Geo. T., Marion.
Hartwell, E. B., Toledo.
Hershberger, J. P., Lancaster.
Ireland, G. W., Jeffersonville.
Kirkland, W. H., Massilon.
Martin, T. C., Columbus.
Moore, G. W., Springfield.

Outland, W. H., Zanesville.
Owens, Wm., Cincinnati.
Porter, Phil., Detroit.
Palmer, O. A., Warren.
Pomeroy, H., Cleveland.
Rush, R. B., Salem.
Rust, E. G., Wellington.
Rogers, L. D. Chicago.
Stewart Thomas, Cincinnati.
Schneider, N., Cleveland.
Sawyer, C. E., La Rue.
Slack, G. A., Delaware.
Tipple, R. D., Toledo.
Tracy, Alice, Urbana.
Van Norman, H. B., Cleveland.
Waddell, Flora A., Wauseon.
Walton, C. E. Hamilton.
Warren, R. N., Wooster,
Watson J., Cardington.
Webster, Wm., Dayton.
White, C. C., Columbus.
Wilson, J. H., Bellfontaine.
Wright, N. E., Berea.
Wood, G. W., Wilmington.

PRESIDENT'S ADDRESS.

Another year in its majestic march has brought us together again, and in this beautiful city, under the shadow of her great university, among her learned men and intelligent citizens, we come to discuss our failures and successes, to learn of the advances and improvements in medical science, that we may become better physicians to the sick, and better qualified to alleviate the sufferings of our humanity. While we counsel together, listen to and discuss the various papers which may be presented, we also expect to enjoy those social pleasures which bind us together in bonds of brotherhood, make our work harmonious, and forbid personalities in discussion. To say that I am proud of the honor you have conferred upon me in electing me the presiding officer of this meeting, and that I thank you for such distinction, would be but to repeat what I said a year ago. In this address I will not attempt any scientific subject, leaving that to the various bureaus, but beg leave to offer a few suggestions which I deem important to the welfare of this society and the profession of our whole country.

Hoping, should you deem them worthy of consideration of this society, you will take some measures to make them operative.

SOCIETIES.

The first important subject for your consideration is the systematic organization of our school in the State. True, we are to some extent organized; but it is not complete. The State should be divided into districts, and in each district should exist a thoroughly organized society in which every member of our school should be enrolled. These societies should be auxiliary to the State Society, and work in harmony with it. United effort is the first element of success. In this way we can command the united force of our school in all things pertaining to the general welfare of the profession, such as medical education, our colleges, hospitals, and State and national legislation as far as they affect our general interests.

In union there is crystallization; in disunion there is disintegration and disaster.

I would suggest a committee be appointed for this purpose.

MATERIA MEDICA.

The second question I would call your attention to is Materia Medica. There is no subject within the whole field of medical science which so demands our earnest attention as that of Materia Medica. It should be above all our field of labor. It is the distinctive work of our school; and as this is perfected, so will our ability to cure the ills of humanity increase, and the truth of our Therapeutic law be attested.

That our present Materia Medica is very imperfect, is a fact. Nearly every drug is burdened with symptoms foreign to it. It is loaded down with imaginary pains; provings made with doses in which there is no possibility of drug presence, and so mixed up with clinical symptoms that they disgust the student and by their absurdities forbid investigation.

What we want and demand is scientific proving of the drugs we are daily using, proving with toxic doses, that we may learn the pathogenesis and know their physiological action. We want facts and not the vain imaginings of sick and unreliable persons. Until we have a Materia Medica based upon scientific provings, we will be disappointed in the power of drugs to cure disease.

Reconstruct the Materia Medica upon this basis, and it will be received by scientific men as the only way of ascertaining the Therapeutic value of a drug, and the ensemble of the symptoms thus obtained will be the guiding principle in the administration of drugs in disease. Then and not until then will we have a Materia Medica of which we may be proud; and as scientific men we need not be ashamed. Let me urge upon this Society to assist in every possible way, in every commendable effort which may be made to bring about this desirable end.

MEDICAL EDUCATION.

The third question for your consideration is that of Medical Education. This subject demands the earnest attention of our Society, and indeed of the whole profession. The time has passed when men and women who are unfit to pursue the study of medicine should be allowed to enter the office of a preceptor, much less the halls of a medical college. To enter a literary college every student is required to pass a rigid examination. If he fails, he is obliged to farther prepare himself or give it up.

With the advance of science the requisites of a good physician have increased. It is not enough to have some general knowledge, a common school education; but the student on beginning the study of medicine should have at least a learning that would admit him to a literary college, and the doctor should discriminate, should carefully inquire into the fitness both as to education and moral character, before he admits him into his office as a student. The preceptor should be the guardian to the door of the profession, admitting only such as are likely to be an honor to the profession, and while we guard the entrance, what shall we demand of our colleges?

Not that they strive to turn out the greatest number of doctors in the shortest time; but that they admit only those who are properly vouched for, with credentials from some school whose grade of study would permit them to enter the best literary colleges of our land. Demand of them facilities and teachings which will induce the broadest and most thorough medical education. While you ask this of the colleges they demand of you and your clientage an endowment, that they may employ the best teachers, scientific men, in their various departments; that they may be equipped, not only with good lecture rooms and suitable apparatus, but also possess all the facilities for illustrating and pursuing the various departments taught. You endow literary colleges and theological schools. They select for their teachers the ablest men the land affords, and pay them for it. But our poor medical schools are obliged to struggle on in poverty, without sufficient apparatus to illustrate, without facilities for teaching, without money to pay a faculty, demanding of men who are overworked by the exacting duties incident to a busy practitioner's life, men who are obliged to sustain themselves and families by hard work, with minds robbed of their freshness by incessant toil and sleepless nights, I say, you demand of them that they prepare men for this learned profession.

Is it more important that men be better educated in the theories of Theology, than they who devote themselves to the science of Medicine? Shall the education of men who have the physical welfare of our people in their hands be less provided for? Men who are expected to understand Anatomy and Physiology, that when tissues are diseased, or functions disturbed, they may be able to set them right? Men who are expected to understand the science of Sanitation, that our homes may be protected from fierce epidemics, and the portals of our country guarded from the destroying angel of pestilential disease? Should not every facility be given for their education? And yet, members of the Theological profession enter the houses of your wealthy clients, and secure bequests for seminaries, even while you are administering to their physical sufferings, alleviating their pains, and as far as possible, giving them a comfortable exit from this world, and perhaps a happy entrance into the next. Would it not be well for us, as we love our profession, to wake up to the financial condition of our colleges? We have two worthy ones in this State which are doing their best to educate the men who come to them. Neither college has an endowment, both depend upon the fees they get from the students to meet their financial demands; and some of you ask smaller fees for your students, and search the country over for colleges which give cheaper lectures and push them through in the shortest possible time. Let us endow *our* colleges, it can be done. Give something yourselves Ask that friend whose ills you have cured, whose life you may have saved, by whose bedside you have watched and struggled to avert the fatal issue, ask your friends for money to endow our colleges Your cause is as worthy as the theologian's, be not backward, it is a glorious work. And, gentlemen, I have no doubt if we work half as earnestly as our theological brethren do for their seminaries, you will see our old college at Cleveland and our younger one at Cincinnati liberally endowed; their lecture rooms spacious and comfortable; their laboratories equipped; their libraries filled with the best medical literature, and the various Chairs so endowed that the trustees will be able to secure the ablest and wisest instructors and the Clinical Department enriched with larger and well endowed hospital wards. Would it not be well for the committee on education to organize this work and try what can be done?

It is a fact that the majority of the people, and especially the members of the old school of medicine, do not understand the true meaning of Homœopathy. It is generally thought that Homœopathy means small doses; that infinitesimalism is the distinctive feature of our school. It is not so.

Homœopathy designates the manner of the action of a drug upon disease, a relation between drug force and morbific force, which produces diseases in the human body. A remedy is said to be Homœopathic when the symptoms correspond or are similar to those we find in the sick. I mean that when by experiment upon the healthy body a drug produces certain physiological symptoms. These symptoms indicate the Therapeutic value of the drug as they correspond to the symptoms in disease. These symptoms are the index to their Therapeutic application. On this rests the success of medicine. On this we base Homœopathy as a science. On this Hahnemann formulated the law of cure. To this scientific truth we invite careful and persistent investigation.

If this is the law of cure, why not always successful in curing disease? If the law be in force, the conditions upon which it acts must be complied with. This is true of every law of nature.

In the first place, we must have a scientific proving of the drug. The prover must be one capable of recording the pathogenesis of a drug; one who understands Anatomy, Physiology and Psychology. In other words the person should be a scientist. The record must be true, not the vain imaginings of an ignorant, unhealthy person. In the second place the doctor who prescribes should be able to read symptoms of disease and competent to compare them with the symptoms of the drug and so skilled that he can differentiate in selecting the remedy. These are the two essential conditions. Comply with the conditions and a cure will follow I believe that Science has not failed to demonstrate the truth of the law in that it enables prevision. This prevision gave to Hahnemann the power, in 1831, when Cholera appeared in Europe, to predict the remedies, and Camphor, Copper and Veratrum are the most potent and successful remedies for Cholera to-day. These remedies were pointed out by

Hahnemann before he had ever seen a case of Cholera. To exercise this prevision we need but to know what symptoms the drug will produce in health, to know what symptoms it will cure in disease.

The cause of this erroneous belief is, in a measure, due to certain theories which never have been, nor very likely ever will be, capable of scientific demonstration. I refer to the theory of the spiritual action of drugs, or infinitesimalism.

This theory, advanced by Hahnemann and his immediate followers, and believed in by a few to-day, has so attached itself to the great law of cure, (and to a great extent so obscured it,) that scientific inquiry into its truthfulness has in a measure been barred, and scientific men have been deterred from giving it that investigation which it demands.

It has misled the people and given into the hands of its enemies the most powerful weapon. It bears upon its face so much that seems absurd, that I do not wonder that men who do not understand the real truth of Homœopathy turn from it with ridicule and disgust.

That small doses had their beginning in Homœopathy is true. I believe that experience and observation is fast demonstrating the fact that the curative action of the drug is better attained in doses short of its physiological action; and the theory of small doses is deduced from the law of cure, but the corollary should not be so advanced as to give precedence to the law from which it is deduced, as some of our school have done, and thus made it a stumbling block to many who are seeking after the truth. We can readily understand how Hahnemann fell into this error. At this period massive doses were given in combinations and mixtures which contained large numbers of drugs; but when he gave a single drug corresponding to the disease in symptoms the drug produced fearful aggravations. These doses made the well sick, and the sick, sicker. He saw that in order to ameliorate he must give smaller doses; and thus by his experiments, he was surprised how small a portion of a former dose of a drug would produce a cure safely and quickly upon the sick. Thus, in the light of the great law of cure and the wonderful action of this comparatively small dose when given in accordance with the law, we do not wonder that he was filled with astonishment and delight and in his enthusiasm went beyond that which science thus far has not been able to demonstrate.

Now, gentlemen, before I close let me glance in retrospect at our school. The great principles upon which it is founded were hinted at by Hippocrates and Galen, and forty years before Hahnemann Van Haller, of Switzerland, foreshadowed it in his Pharmacopœa; but in 1805 Hahnemann formulated and promulgated the law of cure; since then, its course has been onward, and every decade has added new luster to its achievements. While old theories have been abandoned, and new ones come and gone with every discovery in science, the law as announced by Hahnemann has not been changed, but as science becomes more perfect this law becomes more general, more in accord, it needs no change, it is Nature's law Like Galileo's, like Newton's, like Harvey's discoveries, like every scientific truth it has met the tongue of slander and hatred. It has born the scorn and ridicule of men, yet still it lives the same unchangable law. It is a fact that the more truth is combatted the brighter it grows. The harder the fight the greater the conquest. Just think, less than a hundred years old, yet, old as time; and we find it represented in every civilized land, in Europe, in Asia, in Africa, yes, in the islands of the sea.

This banner of truth is heading our column, and in our free America twelve thousand are endeavoring to practice in accord with its precepts, and millions of clientele rise up and call it blessed. There is a glorious future. The seeds of truth have taken root. The text books of Ringer, Bartholow, Philips and Brunton are full of Therapeutic germs, nurtured by the sunlight of science as gathered from Hahnemann Alas! as yet they fail to give him credit due. Ringer is where Hahnemann was nearly a hundred years ago. Empiricism is in the inexorable grasp of the law. The false must perish. The truth will live. I see the horizon is all aglow with approaching day. The darkness of Empiricism is fading. Polypharmacy is vanquished. Homœopathy is stripped of its errors. There will be no dogmas, no sects, no distinctive name, no Regular, no Homœopath; but all will be swallowed up in the grand triumph of truth, all content to march under one banner upon whose folds are inscribed, *In certis unitas, in dubiis libertas, in omnibus caritas.*

ADDRESS OF WELCOME.

BY HON. J. L. NEWCOMER, MAYOR OF DELAWARE.

Mr. President, and Members of the State Homœopathic Medical Society:

As Mayor of the city, and on behalf of all our citizens, I extend to your Society, and to each and every one of you individually, a cordial welcome. Delaware feels complimented that the State Society of the Homœopathic Medical Association selected this city as the place of holding the annual meeting this, the Centennial year, within her gates. I hope your stay among us, though from necessity brief, will be pleasant to you personally, and profitable in medical science to your Association.

Delaware boasts not of Metropolitan ways. Many advantages and places of such varied interest that the larger cities of our State, from which some of you come, lay claim to, we have not. But our people indulge an innocent pride in the beauty and attractiveness of our city. Her rocky foundations yield up healing waters, and her numerous bubbling mineral springs are sources of joy to her citizens, while they also greet the visitor with inviting freshness. In our midst is a seat of learning that numbers her Alumni in all the professions and avocations of life. Proud names in the land make annual pilgrimages here to pay their devotion at the shrine of their Alma Mater. From this educational mother have sprung Doctors of Medicine, Doctors of Law, Doctors of Divinity. Her offspring fill executive chairs; take their places in the councils of the nation, the missionary fields and in the literary world. It is a home of culture that sheds a halo of social distinction, which when taken even in "Homœopathic doses," with our other advantages and privileges, make living here a pleasure. A social, moral influence gently hovers over us. A broad, liberal spirit prevails, and intolerance finds no lodgment in the prevailing sentiment of the community.

To such a place the Board of Trade invited your Association. The sincerity of that invitation, and the cordial greetings of our people, I now bring and place at the feet of your Society. Again I bid you welcome, and hope your sojourn among us will be as pleasant to you as your presence is a pleasure to us; that on returning to your homes you may carry with you delightful recollections of your visit to Delaware.

RESPONSE.

BY DR. E. G. EGGLESTON, MT. VERNON.

The pleasant duty devolves upon me to accept the courtesy so generously tendered by His Honor, the Mayor of Delaware. It is to be hoped that neither upon his part, nor upon ours, is the ceremonial one of mere formality, or of words for words' sake, for of all the forms in use among cultured people, that of welcome and acceptance should be made in sincerity.

In the present instance there can be no doubt, for besides the kind words we have just listened to, we are here upon the cordial invitation of the Board of Trade of this city, an invitation as cordially accepted. There could have been but one motive upon which such action was taken, a motive still in active operation—the public good; and it is to be presumed that no greater good could befall any community than public proclamation of the shibboleth: SIMILIA SIMILIBUS CURANTUR, and the practice of it.

We are perfectly certain of profitable seasons of "labor and refreshment," on several accounts. The environment is classical; theology has unquestioned stability; and the appliances for sobriety are, or may be, or will be, or are expected to be, unexceptionable.

Under such favorable circumstances these present mutual opportunities for helpful adaptations. We may learn from your learning, imbibe your temperance, and it is to be hoped that our bearing and discussions may have an influence for good among this people.

A convention of this character is exceptional—its composition is exceptional. Its aims, as regards gain and power, are neither personal nor sectional. It represents every border and corner of the State, and every man in it expects to do or say or hear something for the general good—for the good of this beautiful little city, as well as for the city or hamlet from which he comes. There are, however, personal aims, but they run along the line of better equipment for our fields of labor. Who shall measure the beneficent influence of the advanced and better ideas and methods to be taught and learned and carried away, to stand the never-failing test of the sick-bed-side? The sum-total of suffering alleviated, and life saved by this means can never be known, otherwise than as increased longevity and the manifest control of preventable diseases make themselves apparent as the years roll by.

Mr. Mayor, in behalf of the Homœopathic Medical Society of Ohio, allow me to thank you, and through you the Board of Trade, and to accept your greeting and hearty welcome.

NECROLOGIST'S REPORT.

Cleveland, May 8, 1888.

Mr. President: Your Necrologist begs leave to report that so far as he has ascertained there has been no death of any member. If any member present knows to the contrary, they will please correspond with the Necrologist and the report will be sent to the Secretary in time to be published with the proceedings. Allow me to say that the past year is one for which we all should be truly thankful. The dearest and most wished for by us all is life, and no one since our last meeting has parted with it. May God protect us all and may our lives be spared the coming year, and for such blessing may we all attend this Society next year.

D. H. BECKWITH, Necrologist.

BUREAU OF OPHTHALMOLOGY AND OTOLOGY.

W. A. PHILLIPS, M. D., CHAIRMAN, Cleveland.

O. A. PALMER, M. D., Warren.

E. G. RUST, M. D., Wellington.

R. D. TIPPLE. M. D., Toledo.

G. C. McDERMOTT, M. D., Cincinnati.

B. B. VIETS, M. D., Cleveland.

ORBITAL CELLULITIS.

O. A. **PALMER**, Warren.

An inflammation of the tissues in and around the orbit is a dangerous affection, as it generally causes partial or total loss of vision, and not infrequently the death of the patient. There are many causes that will give rise to this trouble, but the most frequent are injuries in and about the orbit. It may appear as a complication of Erysipelas, Pyæmia, Meningitis, and other diseases of a similar nature. The symptoms are: Severe pain around the eye, which extends over the side of the head and down the muscles of the neck; redness and swelling of the eyelids; a chemotic condition of the conjunctiva, but no *mucus* or *purulent secretion*; the eye-ball is pushed forward and becomes immovable by the inflammatory infusion that takes place into the tissues, and binds them altogether. There may be Optic Neuritis from an extension of the inflammation backward, or the pressure on the nerve may be so great as to check the circulation and cause Atrophy. The life of the cornea is endangered by the chemotic condition of the conjunctiva. The inflammatory process may involve the whole eye and cause its total destruction.

In some cases the inflammation extends to the membranes of the brain, which will be known by the cerebral symptoms. The diagnosis of this disease is not an easy matter in some cases. It has been called Purulent Conjunctivitis, Periostitis, Panophthalmitis, and treated as such, but if we get the full history of the case and compare it with the symptoms of the other diseases, the proper diagnosis can be made.

I will give the details of a few cases I have seen:

Case One.—A boy, aged eight years, was playing on the sidewalk with several others. One of the company threw a piece of a board that was quite brittle and pointed, and its pointed end entered the upper lid about its center and passed backward about one inch, as near as could be ascertained. About one half inch of the end of the board broke off and remained in the orbital tissues. In twenty-four hours the part became very much swollen and painful. He was taken to a physician, who said that the inflammatory condition would subside in a few days, when all would be right again, but he grew worse, until his vision began to be affected. Then he was taken to my office. After a careful examination I determined the true condition. He had all the symptoms of Orbital Cellulitis, and it was evident that the eye would be lost as it protruded so much that the lids would not cover it, and the cornea was being destroyed for want of lid protection. There was much febrile action. I treated him both internally and externally to arrest the inflammation, but it could not be checked. So every means was used to hasten suppuration, which soon took place, when the part was opened and the pus as well as several small pieces of wood, were removed. Soon all of the symptoms passed away, but the vision was totally lost, and during the process of healing the lid was drawn far back under the orbital wall, so that he had no power over it, and the eyeball was not protected. An attempt was made to bring it down, but the risk was so great that it was abandoned. Probably if the physician had removed the foreign body when he saw the case, the eye might have been saved.

Case Two.—A lady, aged 40, was injured by a fall, about the left orbit. In a few hours it swelled very much; the inflammation involved all of the tissues around and back of the eyeball. The eye protruded so that the lids could not cover the ball. Certain destruction of vision seemed to be evident, but it was saved by using prompt means to check the inflammation and prevent suppuration. During the inflammatory stage there was a good deal of pain in the head. I feared brain complications, but all went well as soon as the inflammation was controlled.

The treatment of these cases is not difficult. During the inflammatory stage, pack the part with cold cloths that have been laid on ice or wrung out of cold water. Later, if destruction of tissue is inevitable, use hot compresses and poultices. The abcesses should be opened as soon as possible. The patient will often have rigors when pus is forming. I often use an exploring needle to find the pus. After the abcess is open be sure that it is kept open. When the pain is great some narcotic must be given. If there is fever give Aconite and order a general bath.

In cases where the general health is much affected, the proper sustaining food and remedies should be given. I have seen one case in which the healing of the sinus was very protracted and did not take place until a piece of carious bone was removed. This case was a girl, aged 5, that nearly died with scarlet fever about three weeks before the abcess commenced forming. Very good treatment was used to prevent suppuration, but it was of no avail. The abcess was opened near the upper and inner portion of the orbit and discharged freely for three or four weeks, then it seemed to nearly heal. After three or four months the abcess became very active which convinced me that I should explore the parts. A careful examination revealed the fact that a portion of the bony wall, about one-half inch back of the discharging point and nearly the size of a ten cent piece was ready to come away. After I removed the piece of bone and cleansed the part thoroughly I gave Silicia for several weeks, which was followed with a fair recovery.

EXOPHTHALMIC GOITRE.

E. G. RUST, Wellington.

The treatment of the disease known as Exophthalmic Goitre, or by its synonymous terms, Graves' Disease or Basedow's Disease, undoubtedly belongs to the general practitioner. However, inasmuch as a great proportion of these cases, sooner or later, on account of the frequent marked Exophthalmia, consult the oculist, we of necessity give the disease considerable attention.

In all fully developed cases of this disease are associated protrusion of the eyeballs, palpitation of the heart and hypertrophy of the thyroid gland. In mild or imperfectly developed cases, one of these lesions may be absent. Both eyeballs are generally affected. Stellwag has noted one case in which only one eye extruded. Noyes has also recorded one case. Since Dr. Noyes reported this case I have had the pleasure of observing his treatment of a second case in which there was very great Exophthalmus of one eye, the other remaining perfectly normal. I have recently treated two cases in which the hypertrophy of the thyroid gland was very great, the cardiac symptoms most intense, the Exophthalmus being confined to one eye only. The action of the heart in Graves' Disease is tumultuous, irregular, and rapid, hypertrophy, systolic bruit and a bellows murmur are often present. The pulsations frequently reach 160 per minute, and are habitually, in marked cases 100, beats per minute. Anæmia, Amenorrhœa and Chlorosis are often associated with this disorder. With them comes the train of symptoms which they induce. The extrusion of the eyeball is frequently so great that even during sleep the eyes remain unclosed.

This inability to close the eyes is partially due to the retraction of the upper eye lid.

Three years ago I had under treatment five well marked cases of Basedow's Disease in one family, including the mother and four daughters. In each of these cases every symptom was present, the Exophthalmus, the Thyroid Enlargement, and the cardiac disturbance. The two most violent cases had a constant pulse of 150 beats per minute, the bulging, amounting to almost complete extrusion of the eyeball, which from constant exposure produced extensive corneal ulceration. The two most violent of these cases died. The others recovered and are to-day perfectly free from the affection. The family history shows cases to have been hereditary, as a generation back the mother's family had been terrible sufferers from this malady. Basedow's Disease is slow in its progress, and the prognosis in the majority of cases is unfavorable. The cause is generally attributed to a morbid state of the sympathetic nervous system. The treatment has been varied and unsatisfactory. Digitalis, Nux Vom., Ferrum and Ergot have frequently been of service and as frequently of no avail.

Proper attention in regard to food and bathing, tonics and electricity are important aids in combating the several lesions. For the Exophthalmus stitching the lids together at the outer angles has been of service. Also smearing the eyeball with Vaseline and drawing the lid over the exposed surface with adhesive straps sometimes gives great relief. Græfe suggested partial division of the levator, but its success as a means of relief has not been such as to encourage its adoption and it is not now practiced.

IRITIS AND SOME OF ITS COMPLICATIONS-

R. D. TIPPLE, M. D., Toledo.

There is a close connection between the iris and cornea on one hand, and the iris, ciliary body, and choroid, on the other; hence the greater liability to complications when the iris is inflamed. You all understand doubtless the anatomy and physiology of the iris, therefore it is unnecessary to enter into a detailed discussion of that subject. The iris is simply an anterior termination of the ciliary body and choroid, being a muscular curtain which opens and shuts spontaneously, thereby regulating the quantity of light entering the eye through its window, the pupil. This muscular membrane is quite susceptible to exciting influences and liable to take an inflammatory action from numerous and different causes, amongst which we may mention colds and exposure, injuries, metastatic and specific influences, etc. For convenience Iritis may be divided into four groups, namely, Idiopathic, Serous, Parenchymatous, and Syphilitic. All these groups, except Serous, are more or less of a plastic nature and if left to run their course without the indicated treatment will result in adhesions between the iris and lens capsule which occurs at the pupilary margin, forming when complete what is technically called Circular or Annular Synechia, which condition, if not removed, will eventually result in a complete disorganization of the anterior eyeball as follows: The chambers being excluded from each other, preventing an interchange and equalization of the aqueous, (which is principally secreted in the posterior,) causing an undue pressure from an excessive accumulation, thereby pushing forward the peripheral portion of the iris pressing upon the ciliary body and sclerotic obstructing the canal of Schlem, thereby increasing the ocular tension and interfering with the nutrient supply of the whole anterior structure, producing atrophy from deficient blood supply and consequent bulging from loss of resistance, until structural and mechanical changes produce the condition we call Complete Staphyloma of the Cornea and Sclera. The proper and only successful way of treating such conditions is to make an early and free iridectomy if the adhesions can not be liberated in any other way, as such eyes will most surely be lost sooner or later if neglected. Too much care, therefore, can not be exercised by the physician in the treatment of Iritis especially where plastic effusions take place, to prevent union between the capsule and iris. Hence in every case where there is reason to believe that the iris is inflamed as evinced by contraction of the pupil, discoloration of iris, (which is readily detected when compared with the fellow eye,) swollen or suffused with a dull lacklustre appearance in connection with usually more or less nocturnal pain in and tenderness upon pressure of the eyeball as well as injection of ciliary vessels which form a red zone around the cornea, ciliary neuralgia, etc., the precaution should always be taken to dilate the pupil. It is needless in this short paper to attempt to enter into a detailed discussion of Iritis or differentiate the various forms, conditions and complications; it is sufficient to say that early treatment in all of the plastic forms of Iritis is absolutely necessary for the safety of the eye, and any physician who neglects these cases is as culpable as though he had employed the wrong method. The first step in the treatment is to dilate the pupil if possible by putting into the eye an aqueous solution of Atropine, about four grains to the ounce, a drop instilled every hour or two hours, until the pupil is dilated, which condition must be maintained until all inflammatory symptoms have subsided. After the pupil is once fully dilated the Atropine can be used at longer intervals and finally stopped when there is reason to believe that the danger has passed. In making frequent applications of Atropine it is well to take the precaution to obstruct the punctum with a napkin or handkerchief to prevent the liquid from passing to the throat, as many times unpleasant effects are experienced locally as well as generally. The medical treatment of eye diseases is governed by the same law that governs the selection of the similimum in the treatment of any other disease. The totality of drug and disease symptoms must correspond. Local and general medication in the treatment is generally indispensable, which treatment in a majority of cases is necessarily tedious, the eye being complicatedly organized requires the most exact knowledge of its Anatomy and Physiology, as well as a specific knowledge of its surgical treatment to ensure any degree success.

ANTERIOR SYNECHIA.

Anterior Synechia with exclusion of the pupil, the result of a Central Perforating Corneal Ulcer of both eyes, causing blindness of one year's standing operated upon successfully.

The above case was a child of Mrs. G., from a neighboring city, aged 5 years, a strumous and perhaps syphilitic diathesis, brought to me about two years ago after having been treated, or treated at, by different physicians, amongst whom was an heroic oculist, whose treatment, as near as I can learn, consisted of instillations of Atropia. It is needless to say that results were nil. Upon an examination under an anesthetic, I found that the child had had large central perforating ulcers of each cornea, the iris of the pupillary margin having fallen into the wound at the base of the ulcers and had become adherent, thereby excluding the pupil and causing blindness, which condition had existed about one year. The central opacities were large and cicatricial, involving at least one half of the corneal area. The eyes were exceedingly irritable and much inflamed, the child fretful and peevish, with a general depraved condition. The anterior chamber was almost entirely obliterated by the iris having pressed forward against the cornea. The case was apparently hopeless. I however suggested an operation as the only possible alternative for doing any good. Consent was readily given by the mother, whereupon I administered chloroform and proceeded with the experiment with some misgiving. The largest portion of the transparent corneal area was in the upper quadrants. I accordingly made an incision with Von Graefe's cataract knife in the superior corneal limbus (exercising care to avoid the iris) of about five lines in length, after which with a delicately fine, flat, blunt-pointed pair of scissors, I dissected off the iris from the cornea and removed quite a large segment corresponding with the corneal opening up nearly to its periphery. I then bandaged the eye and gave a calendula lotion with Rhus 3d internally, and directed the patient brought back in one week. At the expiration of the time the child was returned, being able to see sufficiently well to find her way into my office readily and distinguish objects about the room. The other eye was then operated upon in the same manner as the first, bandaged and given the same form of after treatment with like results, and upon returning to my office ten days later she was able to pick up a pin from the floor. Improvement continued, the corneal opacities gradually contracting and clearing, the staphylomatous bulging being arrested, and to day, after a period of two years since the operation, there is but a small central opacity and the child sees sufficiently well to attend school. The general constitutional treatment was continued for about one year, which consisted of Calc. Phos. Silic. and Sulph. At the present time she seems to be in a good healthy condition.

My second case is the person of a young lady, a pupil in a convent, who met with a peculiar accident. I do not relate this case to show that any skill was exhibited by the attending physician either accidentally or otherwise. I merely refer to the case as a unique one, and its accidentally favorable termination. The young lady I refer to was present with her class in chemistry when and where hydrogen gas was being generated. The obvious misconception of the capacity of the receiving jar led to a terrific explosion of the generating jar with fragments of glass, acid, etc., distributed freely to all parts of the room. Some considerable damage was done to apparel, but the most serious damage was done to the young lady's eye by quite a large piece of glass coming in contact with her eyeball and penetrating it about three or four lines posterior to the cornea on the outer side of the globe and pursuing obliquely through it, making a wound of at least two lines in length, which gave rise to quite a considerable oozing of vitreous. Upon examination with the opthalmoscope I discovered that the glass had passed through the vitreous as evinced by a gray discolored streak of about the width of the scleral incision, and had wounded the retina of the opposite side, the discoloration, however, prevented a distinct view of the wound. I bandaged the eye and gave Rhus. 3d and requested her to return the following day, which she did, and upon making the second examination found that the media had so far cleared as to make the retinal incision plainly visible, which appeared to be a clean incision, no glass being visible, and no inflammatory reaction existed, probably being kept down by the minus tension resulting from the escape of vitreous as well as from the fact that neither lens or ciliary body had been wounded. I decided that the glass had passed through the coats of the eyeball and would become imbedded in the cellular tissue of the orbit, and would probably be harmless as no hemorrhage of any account had resulted with no indications of retinal detachment. I continued Rhus until the sclerotic wound had healed and the eye tension had returned to its normal condition and then discharged the patient, apparently as well as before the accident with vision equally good in both eyes, and at the present time, after a lapse of over six months, her eye appears to be as well as ever it was without the slightest sensation of uneasiness in or about the ball.

INJURIES OF THE CORNEA.

G. C. McDERMOTT, M. D., Cincinnati.

FOREIGN BODIES IN THE CORNEA.

Symptoms: Great irritability, lachrymation, Photophobia and Ptosis. Feeling of sand, or grit, in the eye, with more or less conjunctional injection.

TREATMENT.

Carefully search the cornea by oblique illumination, when, usually, the foreign body will be easily recognized. Should abrasions exist, the foreign body may be found on the inside of the lids. After instilling a few drops of a two per cent. solution of Cocaine, the removal may be undertaken if not too deeply imbedded in the cornea, by the spud. But should it be buried beneath the epithelium, or the deeper layers of the cornea, then a broad needle should be used, inserting by the side of the object. It should traverse the tissues until behind the body, then with another needle remove each tissue until the foreign body is reached. Should it be so deeply penetrated as to endanger its falling into the anterior chamber, pass a Von Græff's cataract knife, transfixing the cornea through anterior chamber, and directly behind the body, then by incising cornea over the object, it can be removed by forceps; after removal either use Cosmoline or a weak Aconite Tincture solution to the inside of the eyelids.

Abrasions of the Cornea, which are usually of traumatic origin, produce the following symptoms more or less: Photophobia, Lachrymation and conjunctival redness.

The loss of the corneal epithelium is very readily recognized by a glistening facet. The pain attending an injury of this character is at times very excruciating.

PROGNOSIS.

Favorable in health and unfavorable in debilitated constitutions. It may result in ulceration, diffuse Suppurative Keratitis and loss of sight. It not unfrequently happens in nursing mothers caused by the finger nail of the little babe, and in many such instances is followed by loss of the eye.

TREATMENT.

Cosmoline or a weak Aconite tincture solution, applied every two or three hours, will generally give relief. Apply a ootton compress to prevent winking. Should ulceration or abscess intervene, then the use of hot fomentations are better. Atropine, a four-grain solution of which must now be used and instilled twice a day in the eye. Should pus form in the anterior chamber to the extent of one-third of its capacity or more, then tapping will often give marked relief. When unfavorable symptoms intervene, an excess of blood, or plethora, or a constitution broken by drink, here our constitutional remedies may assist Nature, and bring about a favorable result.

Such remedies as Aconite, Arsenic, Calcaria Carb., Phosphorus, China, Nux Vomica, Strychnine, and even Egg-nogg, are to be carefully considered.

PENETRATING WOUNDS OF THE CORNEA AND SCLEROTIC.

A small wound of either is not dangerous unless other tissues are injured. Should, however, the wound be deep and penetrating, then Contusion, Hemorrhage, Prolapse of Iris, Wound of Lens or Loss of Vitreous and even all may result.

When the ciliary region is implicated, then the dangers are greatly increased by the danger of Sympathetic Ophthalmia.

Sclerotic wounds are still far more dangerous than similar ones over the cornea. They are very difficult to heal. By bringing their edges together by means of a fine silk suture, union readily takes place.

TREATMENT.

Quietness, rest in a dark room, are very essential. The compress bandage must be used. Atropine, a one or two grain solution to the ounce of water, must be instilled two or three times a day.

After a few days probably warm applications must be used, for, as a general rule, corneal injuries must not have too cold applications.

The inflammation is reporative.

Lotions of Calendula tincture, together with the internal use of Aconite, Arnica and Hepar Sulphur, or Mercury, together with Ledum and Hamamelis, have a true place in Traumatism.

In debility use stimulants.

Prolapse of the Iris, caused by penetrating wounds, is not unfrequently associated with injury to the lens. The situation of the injury also controls Prolapse of the Iris.

TREATMENT.

First.—By compress bandage over closed lids. If applied immediately after the accident it keeps the eye at rest and prevents any increase of the prolapse. It also excludes all light.

Second.—Remove with scissors when the Prolapse is small and wound "clean cut," and where there is no corneal contusion, particularly if in the upper part of the cornea where movements of the lids would cause irritation.

Third.—Perform frequent puncturings, if the Prolapse is extensive and situated in the margin of the cornea. Also, if there be a large, gapping wound, and where snipping off with the scissors might cause greater Prolapse. Fully six months' close attention should be given an eye injured in this manner. Never regard lightly a Prolapsed Iris, for, blindness complete may follow even a very slight injury. Protect the eyes carefully from light and exposure, use dark glasses. The local instillation of Atropine is of great service, as are also cold compresses of Calendula which should be often replaced when becoming warm.

DISCUSSION.

Dr. McDermott—I want to say a few words in regard to an obscure case of Neuralgia affecting the ear, as it was a peculiarly aggravated case, and the site of the trouble was not discovered for some time. It was in a young man about 20, attending school. For a period of five weeks he had been broken of his rest. In fact he made an estimate one night of how many miles he walked to get relief; it was seventeen miles by actual computation. For three weeks previous to seeing me he had not slept a wink and had been using Morphine or Chloral but with little effect. He got during the day all the rest that was possible for him to obtain. The pain was invariably near the right ear, and when he had that he had to walk the floor. On examining the ear carefully I could find nothing inflammatory about the ear. I examined the eyes carefully. I found there was no trouble there. I at once imagined that this was a case of reflex trouble affecting the ear and began to enquire. At last on examining his teeth on the right lower jaw I found some amalgam and gold fillings; knowing that these amalgam fillings would produce Neuralgia, I consulted Dr. Taft, my next neighbor; he removed the filling, and in three seconds after that filling was out the man was free from pain and has remained so ever since. Where you have these obstinate cases affecting the nerves of the head don't forget the patent amalgam fillings. Dr. Taft says he has within the past year removed dozens of amalgam fillings where they were occasioning Neuralgia. He reported one case where the tooth was first filled with tin and then a crown of gold; but the patient suffered such untold agony for three weeks that he had to remove the filling. Amalgam alone he says should never be inserted because they will cause Neuralgia. Dr. Taft is an authority and he told me about several cases where he gave immediate relief by removing the amalgam fillings.

DR. PALMER—In cases of injuries to the iris what would you do?

DR. MCDERMOTT—Leave it alone.

DR WELLS—By way of question I would like to state that in the treatment of a case of ulceration of the cornea I used Atropine and controlled the pain and congestion. The patient had never seen well out of that eye owing to some deformity; but after the treatment he could see better with that eye than he could before. Have you had any experience with Atropine in the treatment of defective vision? I used two grains to the ounce. This ulceration was located on the upper portion of the cornea and did not involve the centre of the pupil. There had been no previous Iritis.

Dr. McDermott—I couldn't explain why the vision was so much better. It was probably some trouble in the back of the eye.

Dr. Palmer—I want to say that Atropine does sometimes correct Astigmatism that comes alone, and in that way you may get a little better vision.

Dr. McDermott—It is a wonderful thing that we are able with our remedies, Gelsemium and Phosphorus among the number, to control the diseased coats of the back part of the eye, that our old school friends can not touch; case after case has been taken from the record books showing the most wonderful results from the use of Homœopathic remedies, and I have no doubt that the Doctor's remedies, in the case which he mentions, removed some diseased condition in the back part of the eye, with which the Atropine had nothing to do, but which was due entirely to the internally given remedy.

Dr. Wells—I gave Mercury.

Dr. McDermott—Another trusty remedy; one of the old stand-byes.

BUREAU OF OBSTETRICS.

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MATERNAL IMPRESSIONS OR INFLUENCE UPON THE CHILD IN UTERO.

W. WEBSTER, M. D., Dayton.

Among the various subjects connected with the science of Obstetrics, there are none, perhaps, of more interest to patient or physician, than the outcome or result of the labor. This of course we can not positively determine nor ascertain until after its complete accomplishment. The question is often asked, whether the mother *has* any influence on the child in the womb. It is a debatable question whether it is so or not. We assume the affirmative, for the child does not exist and grow in the womb, like a plant from seed in the ground, nor like *all* of the developments in the inanimate kingdom. Neither does it float independently in the womb like a pickle in a jar.

But, being from the first development after conception, so intimately connected with the mother by the umbilical cord, which is composed of two arteries and one vein, and the necessary nerves for communication, etc., we must admit at least, that, whatever affects the general economy of the mother, must to a certain degree, through her, affect all sympathetic and connected parts and organizations. We all admit the fact of hereditary influence, ruled perhaps by certain fixed laws of nature. Hence we see the mother's features in the child, or it may resemble her in the mental and moral features as well as the physical.

Yet how often the child resembles the father or grand parents or great-grand-parents. How often we see in a family of children that no two of them resemble each other, neither in complexion of skin, color of the hair, nor size of the head, nor shape of the head, nor color of the eyes, nor in their mental and moral natures, tastes and appetites.

Now, take any one of these facts, is there not some mental or moral force acting upon and through the mother, that shapes these various and opposite phases which we have just enumerated? From the earliest history of the human family we have records of instances, *marked* instances, where exceptions to the general rule or law of inheritance have occurred. Even when the child resembles the father or grand parents, there seems to have been some marked impression upon the mind of the mother.

At what period of gestation these influences or impressions are most palpable, or most likely to occur on the child is not a fixed matter, for, taking marked cases, they seemed to have occurred at different stages of pregnancy; this, perhaps, is governed by the accidental causes and the constitutional sensitiveness and impressibility of the mother, exaggerated by her pregnant condition. The mother, while the child is in the womb, is usually nervous and actively awake to all surrounding things and occurrences, and as she sees and hears everything transpiring near her, she becomes affected to all kinds of passions, joyful, sad, exhilarating or depressing, nerve shocks, fright, emotions, passions, unsatisfied longings, and appetites. Hence we see the child marked in innumerable ways. The marks resembling various objects, such as oysters, mice, certain kinds of fruit, as berries, grapes, sometimes snakes, lizards, bloodspits, etc. The features sometimes resembling repulsive and disgusting animals as monkeys, babboons; the mental part sometimes obliterated in idiocy; the moral part resembling the most vicious, hence the propensity to murder their fellows or destroy everything in their way. Certain appetites predominate as for whisky and all ardent spirits from the very earliest infancy, or unnatural craving for particular kinds of food. We might mention thousands of examples of such cases, and I presume every member of this society could furnish instances, and if all of our experiences with these cases were written up they would make volumes larger than the reports of the American Congress. We shall not occupy the valuable time of this Society with many reports of cases, but a few seem necessary to illustrate and substantiate our position. A lady in Germantown, O., had a pet monkey. One day he was chained to a tree in the front yard and perched upon a limb overhanging the gravel walk leading from the street through the grounds to the mansion. A lady friend who was pregnant paid her a friendly visit one day, and as she was walking toward the house under the tree the monkey leaped down upon her shoulders and frightened her severely. What was the result? Her child when born resembled the monkey, and when I last saw him he was sixteen years old and crawled around on his hands and feet, and with perfectly formed monkey face.

A lady, a patient of mine was delivered of an apparently healthy child, but when it was washed and dressed we discovered that it had no eyes to see, but in their places were two snow white balls resembling white marbles, revolving in their sockets. I enquired for the probable cause of this, and learned that in the sixth month of her pregnancy she visited our State capital in company with her husband, and while there they spent part of a day visiting the blind asylum, and after returning from that institution, she was powerfully affected about the manner the pupils and inmates were treated, and wept freely over it and the sad condition of the blind. When I averted the eyelids I discovered what had been a case of Intrauterine Inflammation, and I wish to state right here in passing that under the judicious use of Sulphur 3x, the inflammation gradually subsided, and in a few weeks the blue began to appear in one corner of each cornea and gradually spread over the balls, the blank white at the same time disappearing until at last her sight was restored and she is now living in Columbus, a bright, beautiful young lady of seventeen years and no mark on her eyes except a slight nebula almost imperceptible over one pupil.

Mrs. B., in our city, was delivered of a healthy child, but it cried and fretted for two weeks in spite of all remedies and food given it and seemed unsatisfied. I enquired of the mother what had happened during her pregnancy. She told me that one Sunday evening she and her husband took tea at a friend's house, and they had canned peaches for dessert, but one plateful did not satisfy her, and when they went home her husband went to all the groceries, but could obtain none. She took a good cry over the disappointment and went to sleep. After ascertaining this fact we obtained a can of peaches and gave the juice to the child and its cries ceased immediately, and we had no more trouble with it afterwards.

We could go on and tire this Society out of all patience with the relative cases.

This influence over the fœtus or embryo is not confined to the human family, for we have many well authenticated cases of marks on young animals born. Also monstrosities attributable to certain scares or fright of the mother.

Old Jacob was one of the greatest and most successful cattle and stock raisers the world has ever known and he understood the nature of unusual or unnatural maternal impressions and was thus enabled to trick old Laban out of the best sheep and cattle of their flocks.

History mentions a case of a child that had the words Emperor Napoleon on the iris of the left eye, and Napoleon Emperor on the iris of the right eye, caused by the presentation of a Napoleon coin by a brother just previous to a long absence.

Now, if these things have occurred, are occurring now, and will occur, what are we going to do about it? Let the father and mother cease to be drunkards and the child will not cry for whisky when it is born. I would have laws enacted and enforced prohibiting the public exhibition in museums, and all traveling menageries and circuses, and shows, of all disgusting monstrosities, as bearded women, skeleton men, big fat women, double-headed calves and pigs, and the Aztec children, and so on, etc.

The summer is nearly on us now, and the menagerie and circus are already on the war path, and soon Barnum with his great show will be in our city and will be visited by thirty thousand people, and among these will be hundreds of women in different stages of pregnancy and many marks will be shown up in due time or when their pregnancy is ended.

A great many of these marks and physical deformities can be remedied by surgery, electricity, etc. But I shall not enter into any details of modes of treatment as my paper is already too long.

Yet I could not make it any more brief and do the subject simple justice.

We should by advice and persuasion endeavor to prevent the causes of these affections whenever practicable or possible.

DISCUSSION.

Dr. Palmer—In regard to the film over the eyes. I have seen two cases where the physicians had attempted to cut it out with some acid preparation, and only succeeded in losing the eyes. It is well to be cautious in such matters.

Dr. Owens—Some of the lower animals have films over their eyes when they are born.

BUREAU OF INSANITY.

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E. R. EGGLESTON, M. D., Mt. Vernon.

H. L. BEEBE, M. D., Sidney.

LEWIS BARNES, M. D., Kipton.

NERVE IMPRESSION.

J. D. BUCK, M. D., Cincinnati.

The more one studies the phenomena and philosophy of nerve and brain impression, the more will he be convinced that these structures are not the seat of impression at all, but that they are themselves the result of impressions made on a substance far more sensitive than they. There are many considerations that lead up to this conclusion :

The brain and nerve cells or tissues are like other tissues, fixed forms, whether they register or transmit impressions, thus constituting memory or sensation. They stand between consciousness on the one hand, and the external physical universe on the other, and are purely passive, really originating nothing. Judged by physiological analogy nerve tissue not only shows fixed and definite forms of structure, but repeats and reproduces itself like other tissue. The real proteus is the living matter that forms the nucleus of all living cells, that is diffused through blood and lymph in colloids, and that doubtless more or less surrounds and blends with the tissues; and this substance it is that is the immediate recipient of impressions, sensitive and mobile to the last degree. This living protoplasm acts as a mirror and reflects the external world, and these pictures and impressions are conveyed to and from the centre--consciousness—by the nerve tissue. All this is proved by the phenomena of sensory and motor impulses, and by the principle of automacy. Moreover, the impress on the protoplasm may be considered *en masse*, undifferentiated. That substance may be conceived as a living, quivering mass, catching every condition, changing constantly, vibrating to every sound-wave, to every light-wave, to every heat-wave, helpless to resist, passive, receptive, suffering, enjoying, and all these *at once*, and without quality (good or evil) or consciousness of its own; a living kaleidoscope, in short, *proteus*.

Now the interpreters of these changes of states are the nerves and nerve-centers, standing as the sponsors between the outer world that is mirrored, and the substance on which it is mirrored, and consciousness. The nerve structure differentiates and individualizes, separates, analyzes, weighs and measures all these impressions to consciousness, thus bringing order out of chaos.

Let us imagine the effect of heat, light and sound-waves to be confused and blended in the protoplasmic mirror, but that in immediate connection with this mirror were an apparatus so constructed as to be specially sensitive to light, another structure so made as to be specially sensitive to sound, etc.; these structures being only portions of the original mirror, but modified in form for the above special purposes, we should thus have the organ or center of sight and hearing. All this may seem to some merely a wild theory, but a little careful study of facts and phenomena will show that it is sound philosophy, supported by sound science, and based on the facts of experience. Take now the action of waves of air on the ear and center of hearing. What is the difference physiologically and philosophically between sound and music? I answer, the difference between the vibration of the unformed protoplasm in the auditory area, and that imprisoned in the cells of the auditory apparatus. The first irregular, indefinite, confused, the other arranged to vibrate only to definite waves, and combinations of waves, according to the principles of rhythm and harmony, exact ratios and multiples, mathematically exact and definite.

What we need first, is to study carefully the fact of consciousness; second, the conditions of consciousness; third, the relations of consciousness to thought, ideas, and will, and all this is far more easy than at first appears. We shall find that thoughts are things; regular or irregular in form; definite or indefinite in shape, according to the principles of mathematics that have to do with all shapes and motions in nature. We shall find that ideas are related to thought as cause, rather than effect, and that thought is but the approximate form or "effigy" of ideas. We shall find that will is the conscious automaton of thought, confining it, arresting it, liberating it, modifying it, and as capable of cultivation as muscular power—in short, careful study in the direction indicated will enable man to begin to know himself, and only a little earnest effort in this direction will satisfy one that such knowledge really exists and is attainable.

INSANITY IN THE LIGHT OF THE LAW OF CONTINUITY.

E. R. EGGLESTON, M. D., Mt. Vernon

It has been of almost universal belief that when life departed from the mortal body, an existence peculiar to the operations of natural laws ended, and another life peculiar to supernatural laws began; that between animal and vegetable existences a great gulf was fixed; that another existed between plants and minerals; and another between minerals and gases. Such belief has been replaced, or is being replaced, by acceptance of the Law of Continuity, through which there extends, from atoms of primordial star-dust at one extreme, to the highest realms of the universe at the other, an unbroken line of actions, reactions and relations. Nor does the new belief confine itself to material things, or to the relations of the lower animals; for assuming its truth in the physical world, it is but a step, and that a consistent one, to predicate the same laws of the mental world, thus: It, also, is under the dominion of the Law of Continuity; that the same thread unbrokenly extends through the whole line of animal life; that its highest development in nature merges into the supernatural; that it is the bond of union between the seen and the unseen.

Reflex-action, instinct, reason, and spirituality are terms applied to phases of animal life to explain their methods and movements. Reflex-action merges into the instinctive; instinctive methods merge into rational; the rational merges into the spiritual; and all may represent grades of mental action, because all demonstrate the adaptation of means to ends, the only known standard for mental operations.

If, then, there must be Anatomical and Physiological continuity, so must there be one Psycological, extending throughout the length and breadth of the animal kingdom; the highest possible limit of the natural corresponding with the lowest possible limit of the supernatural.

The logical sequence of continuity subverts the hypothesis of the dual nature of man, as seems also to be the case on other grounds. For, to admit into his existence antagonistic principles, natural and supernatural, spirit and animal, soul and body, heaven and earth, would do violence to an harmonious conception. Within unity there may be parts which characteristically differ, but they appear as successive before they are consistent. This means that no higher orders or conditions can be merged, as such, and lost sight of in lower orders or conditions; as no mechanical changes, as such, can include chemical changes; the chemical, as such, cannot include the Physiological; the Physiological, as such, cannot include the mental, nor the material the spiritual; which, if it were so, would be, as Mr. Hutton says: "A neglect of the radical assumption of all science; because it is an attempt to deduce representations—or rather misrepresentations—of one kind of phenomena from a conception of another kind which does not contain it, and must have it implicitly and illicitly smuggled in before it can be extracted out of it. Such a proceedure leads to misconstructions of fact on the basis of an imported theory, and generally ends in forcibly perverting the least-known science to the type of the better-known."

Now do not let us fall into a mistake of materialism. The brain does not "secrete thoughts as the liver secretes bile." The function of the liver is, among other things, to secrete bile; the function of the brain is, among other things, to secrete nerve-force; its *office* is, when its functions are properly performed, to receive impressions, to think.

Probably no better opportunity will offer to refer to the argument upon the relations of mind and body by Prof. Mark Hopkins, in his *Outline Study of Man,* in which it also is based on the properties and conditions of matter, by comparison. He says: "Mind is self-action; matter is not. Mind acts from within, from an energy of its own; matter is acted upon from without. Mind is the cause of its own actions, and acts from reasons; matter is not the cause of its actions or movements, and acts from causes in distinction from reasons. Action and reaction are equal in contrary directions, is a physical law applicable only to matter." These propositions appear to be true only when a fully developed, healthy mind is taken as the initial of comparison. For if the road backward toward the beginning is taken, it is found that mind does not act without having been acted upon, hereditarily or immediately; does not act from inherent energy, but from that acquired; does not act from reasons until ideation is produced by comparison of impressions received through the senses: is subject to the law of action and reaction, in that intellectual power is equal to the number and variety of impressions of external objects received and retained. In short, if the brain were shut in upon itself, there could be no thing to call mind.

It would seem from this point of view that in man complex singularity must take the place of duality. To state the matter in mathematical terms, there can be no two sides to the equation, for there can be no equation. One view is this: Man is a unity whose chief characteristic is an ability to so modify and adapt to his uses the elements of environment, as to rise in the scale of being until he makes that near approach to the spiritual life which the necessities of his nature demand, and which fulfills the terms of the law of continuous being; or, in other words, a natural growth toward spiritual environment. Another view is this: Man has a dual nature; one part, his highest self, his soul, pure, unadulterable, an emanation from his Creator, accompanies him through life, and at the end returns to the Giver unchanged. The other part is material, modified for better or worse by circumstances and education, to be judged at last according to fitness, by the terms of spiritual law. Which is the responsible man, the soul exchangable, or the spirit which presents the sum total of his existence? The latter conception offers terms of confusion, and irreconcilable antagonisms, which Theology and Metaphysics have failed to clear up. A simple statement of the truth seems to lie in this: The contact of vital cell with vital cell results in life, in accordance with prescribed conditions. Life, by means of organized functions, seizes upon the elements of environment, and by natural selection, fulfills the conditions of development. At the point where the spent force of development finds spent apparatus, the line of demarcation between material and spiritual is reached, and death of the body ensues; while the mind, which from its nature had reached forward toward the spiritual level, flies away to enter upon another phase of its continuous being, higher or lower in the scale, according to its development under material conditions.

If, then, the natural man presents for consideration only body and spirit, physical and mental organization, they must be interdependent. That is to say, the mind must show a normal development of the body. while the body must show the results of normal discriminations by the mind. It naturally follows that a disordered physical life will produce vices of mental life, and abnormal mental life will produce abnormal physical life. It is so true as to have become axiomatic that a sound mind belongs to a sound body; and it is just as true that an unsound mind belongs to an unsound body.

Now are we prepared to say what Insanity is? It would seem so. Insanity is *disorder;* a disordered mind, consequent *always* upon a disordered body.

DISCUSSION.

Dr. Owens—There is only one question: He says in his last paragraph that an unsound mind exists in an unsound body; in other words if we have an unsound mind we have an unsound body. The question, therefore, arises, what gives rise to the unsound mind? If the mental process is the result of physiological process then it must depend upon the condition of the physiological state of the body; therefore, these perverted physiological functions give rise to the unsound mind. The gentleman has been arguing the converse, that is, that an unsound mind induces an unsound body. I think the probabilities are that the pre-existing conditions in the body gave rise to the unsoundness of the mind.

VIEWS OF INSANITY.

LEWIS BARNES, M. D., Kipton.

Some "concepts" in regard to Insanity appear in a fine paper of Prof. Buck, as published in the *Transactions of the Ohio State Society for the year 1887*.

From various facts enumerated he proceeds to say: "We begin to realize how great is our ignorance concerning the whole subject of Insanity." The most elaborate treatises by medical men are but "words, words, words." Nor is it true "that any very marked improvement follows the remedial measures employed for the restoration of the insane, or that the number of the insane is steadily lessening from year to year." And, "if comparison were made between Homœopathic treatment and no treatment, not very much difference would be observed," or even between our practice and that of the old school. All this is because the whole subject is approached from the "materialistic side of the brain and nerves." But the first requisite highly needed is "a knowledge of the existence of the soul." "The beginning of our confusion lies in the fact that where the very existence of the soul is not actually and arrogantly denied it is at least a matter of sentiment, or an admission without logical sequence or scientific value." There is a large body of facts on the soul side of the matter, but "materialistic science has no alembic in which to try them," and "therefore they are generally denied or ridiculed." "The natural relations and coherence of these facts" can alone result in "a complete revolution of our 'concepts' of insanity in all its various phases, and the establishment of the foundations of the science of psychology."

These are brave words and our profession will be forced at length to admit their truth and act accordingly.

What, then, is the soul? Something more than a mere sentiment or empty idea. It must be that which is conscious of existence, which hears, feels, sees, understands, reasons, loves, hates; something real and therefore a form, for anything short of this is "unthinkable." These things follow and cohere as links in a chain, and yet many men of scientific renown can discover no sense in them, have nothing more than a misty notion in regard to the words of the great Christian philosopher, to-wit: "There is a natural body, and there is a spiritual body." If they cannot see this with material eyes, cannot find it in the brain by means of the scalpel, they look upon it as an empty sentiment.

Hence, when intelligence, rationality, or the loves and affections, become deranged and disorderly, they begin to search every cell, fiber, ganglion, plexus and tissue of the material organism, to find what the matter is and what shall be done about it. They do not so much as dream that, although the effects of a disturbed soul may sooner or later appear to some extent in the body, the cause of them may lie far above or beyond.

That derangements and disorder of the mind or soul largely induce disorder and disease in the body, instead of the reverse, appears to be beyond the conception of most modern scientists; while yet glaring facts are everywhere staring them in the face, to the effect that mental excitement or passion, even excessive joy, which no one thinks of calling material, has often deranged, shattered and killed the material body.

Hence they do not realize that it may not be so much the physical as the mental condition of mankind which fills the world with disease and death, not so much the decaying vegetation of swamps as the putrid passions of the soul, however true it may be that diseased bodies may spread their contamination to other susceptible bodies.

It follows that treatment directed to the material side, without special regard to the immaterial side, is illogical in the extreme.

This is preeminently true in relation to insanity, wherein, especially in the first and often most virulent stages very little if any physical disorder can be found.

Our search for causes, in each particular case, should also be into the states of mind which have preceded the outbreak. We should have special reference to that which constitutes insanity or tends that way, such as false conceptions of things and want of self-control; an idea that something exists which is not so, with loss of ability to regulate the conduct in relation thereto; errors of belief and of life with no self-control; what circumstances have surrounded the patient. What undue and unrestrained excitements have been brought to bear? What abuse or grief has assailed him? What false and evil habits has he indulged until his mind has been disordered and depraved? Whatever these may be should of course be corrected as no cure can be expected. No drug medicine can remove the effects as long as their cause continues to operate.

Causes ought of course to be learned from known surroundings and from the account of friends and associates, as far as possible. But aside from this more can be learned from the particular state of the patient. It has been said with much truth that causes are continued into their effects, and sufficient scrutiny may detect them. The special excitements or ungoverned passions are there, somewhat latent, perhaps, but ready to appear under slight provocation. If unrequited love, for instance, has upset the mind, that will somehow show itself; if undue religious excitement, uncontrolled by the power of simple truth, has unbalanced the soul, religious mania will appear. So of any other disturbing and overpowering influence. All such points ought to be carefully noted.

Then the treatment of each case, whether in the line of drug or spiritual remedies, ought to correspond to the special condition ascertained. We have a law to help us here while other schools have not. I cannot at this time go into particulars in regard to its application.

Another important point may be noted. We know that diseases are contagious. But it is not so well known, or rather realized, that mental states are contagious. A boy will catch the measles or the itch by contact with people who have such disorders; will he not also imbibe the spirit and habit of profanity, obscenity, or almost any passion by association with those afflicted with mental and moral disorders of like sorts? Nor can they be easily reformed without removal from those influences to others of a different mind. A similar process is no less important in the treatment of insanity. Physicians ought to be selected for their known mental soundness, kindness, stability, controlled temper and general good will; attendants also for similar reasons. Disordered minds will thus be unconsciously affected, regulated more or less, and gradually brought to a more orderly state. Rational means, more active still, which cannot now be enumerated, might also be added.

It was said in the discussion of Dr. Buck's paper that "whatever we could say in regard to man will also hold good in regard to animals." "If there is any proof whatever that man has a soul, the same proof will demonstrate that an animal likewise has a soul." To this Dr. Buck responded, "That is true." It has also been said that John Wesley expected to meet his faithful horse in heaven. To this I have a word to say.

There is a broad difference between the mind, or soul, if you please, of a man and an animal. The animal evidently has no thought of truth, justice, virtue, moral goodness; no moral sense, no conception of a Supreme Being, no thought of immortality, no rationality even; never so much as employs instruments for any purpose; the ourang outang, the highest of them all, never so much as uses a club in his battles.

Now what renders or may render a soul immortal? May it not be filled and indissolubly connected with that which is in itself immortal, and thus become so? When poets refer to truth as an immortal thing which, though crushed to earth will rise again, because the eternal years of God are hers, arc they not speaking of realities? May not the souls of men thus filled and formed be immortal, while those of animals not being so endowed, may be dissipated with their bodies?

I foresee that some one is ready to ask, what about the immortality of men who do not embrace the truth but rather fill themselves with falsities? Let me ask in return, What is falsity? What is a lie, but truth violated, not annihilated? May not a false and evil soul therefore live forever?

DIAGNOSIS OF INTRA-CRANIAL LESIONS.

H. E. BEEBE, M. D , Sidney.

It is difficult to practice medicine from books alone. Some one has wisely said that there are two kinds of knowledge; one that we learn from others, and one, by far the more valuable, that we learn ourselves.

There are but few original ideas advanced. Ideas may be original to the writer, yet he soon learns that some one before has advanced the same thing. Books and essays are largely masses of compilation, and there is nothing wrong in this, it takes a good author to be a good compiler.

We all have some extraordinary individual observations and experiences in our own special field of work. This is particularly true in the line of clinical and pathological medicine. The subject of neurological medicine is in its infancy. There are few specialists in this field and they are only on the threshhold. Most of the progress has been during the past decade.

There are yet many uncertainties regarding the physiological, say nothing of the pathological functions of the brain and central nervous system. There is often a want of harmony, and contradiction in conclusions of authors and experimenters in the field of investigation. The anatomy of the parts of the brain is considered distinct, yet they are so intimately combined and related to each other as to form a complex whole, and a lesion in any one part will affect the functions of the entire central nervous system.

The diagnosis and pathology of brain lesions are largely determined by the knowledge we possess from psysiological research of this complex nervous system. In diagnosing brain lesions we must consider the localization of cerebral functions, and no subject in the domain of Physiology is of greater interest and importance or more intricate and complex. Often after we are in possession of all that is known to a certainty of the functions of the brain we are lost in our attempt to correctly diagnose the brain lesion. Some point in brain physiology is unsettled. During the past fifteen years my interest in this line of investigation has continued to increase and as my little knowledge has been gleaned largely from clinical experience I report the following cases, none of which are more peculiar than those found in the experience of every active practitioner.

Case One—Dr. E F., age 28 years at inception of attack, of nervo-sanguine temperament, five years ago while in active practice, after a fatiguing walk felt a numbness of the right upper extremity and face. This in a few days extended to the entire right side, from that day to this he has been gradually growing worse until now he can scarcely feed himself. His speech is labored, stammers much while talking, difficult deglutition, twitching of the muscles, more especially of face and right side. The Paresis has extended in some degree all over the body, more marked in the extremities. The principal cranial nerves involved are the hypoglossal and spinal accessory, though others are to some degree, probably next in order is the facial. All symptoms in this man's case show the Paralysis to be of bulbar origin, caused by thrombosis of left vertebral artery, cutting off in part the blood supply from its anterior spinal branch. This entails a similar cutting off of blood from the corresponding median branch, which supply the nuclei of origin of the spinal accessory and of the hypoglossal as well as the lower nucleus of the facial, with more or less Paresis of the four extremities, though the paralysis of the mouth, tongue, palate and larynx is unilateral. Treatment has been of no avail. He never will be any better.

Case Two—Mr. Taylor, age 59 years, hardware merchant, been closely confined to business continuously for thirty-two years. Been troubled for many years with vertigo and constipation, somewhat Dyspeptic; has a weak heart; for a long time, once or twice a year, he has been subject to nightly attacks of so called heart trouble. I never saw him have one of these attacks. From the family's description I infer that they resemble partial syncope, with fright, producing great nervous exhaustion, probably of gastric origin. December 17th, 1888, after a hard day's work and suffering from a fatiguing headache, when on the road home about 9 o'clock in the evening the headache became suddenly much aggravated followed with severe vertigo, when he fell within two blocks of his house, was carried home, remained conscious until he reached his bedroom, after which he knew nothing rational for five weeks. His symptoms during this time resembled a man with Delirium Tremens. The first four weeks was treated by Alopathic physicians, received little except Cathartics, Bromides and Morphine. Their prognosis was certain death, improvement was out of the question. I certainly think them correct had this line of treatment been continued a few weeks longer. When I took the case I found him sleeping but little. I prescribed Nux Vom., followed after a few hours with Stramomium. No improvement, until about the fourth day I gave Hyosciamus; improvement began and after the first week his mental faculties became clear. Had all manner of delusions and hallucinations. Thought he was to be hung, was in the jail, at times the County Infirmary, was prosecuted for debt, at times was to be buried alive, did not know his most intimate friends, even his own children, called often for his wife who had been dead three months, also his father and mother who had been dead many years, continually picking and tearing his clothes and bed covering, grasping at imaginary objects in the air, most of the time very melancholy, much crying, occasional laughing, thought his friends had all deserted him. About the only objective symptoms was sleeplessness, nervousness, weakness and a strange look out of the eyes, complained of Diplopia and very slight Anæthesia of right side. At present mental faculties are unimpaired. Diplopia continues, due of course to paralysis of ocular muscles, though there is slight improvement. He is at present very melancholy, rather anæmic, poor appetite, exceedingly constipated.

Now, what was and is the matter? A clot lodging near the floor of the fourth ventricle anterior to the motor tracts. Hence absence of paralysis except of the ocular muscles. Clot not yet, and doubtful if it ever will be, wholly absorbed.

Case Three—C. M., born September 1st, 1865, died February 5th, 1888, aged 22 years. Father healthy. Mother died of Cancer of the Pancreas three months before her son. Her health was apparently good until two years before death. I have no doubt her death was hastened by the care and worry of this her only living child. They lost three other children born after this boy. Second child died when 2 days old of undeveloped cranium (*Acrania*), third when 3 years from Measles; fourth died at the age of 3 months, cause some throat disease.

The subject of this report, at birth, had a large head and a depression at the bridge of the nose, indicating nondevelopment of the nasal bones. Parents saw nothing else unhealthy, but say the accoucher at his birth remarked that he never would live to manhood. Why, they don't know. From this malformation of the nose he always suffered with nasal catarrh, as all such cases commonly do. At one time in the history of the case I thought this depression related to an atrophy of the anterior part of the brain. Subsequent history as well as the autopsy changed this view. Excepting the Catarrh he was healthy until attacked with Measles when ten years old. There was a sudden retrocession of the eruption on the second day and never returned; this was followed with some lung trouble from which he was very sick for three weeks. Lungs weak for a year afterwards. Though a little odd or eccentric he compared favorably with his classmates. He was always exceedingly moral and conscientious and was what we call a good boy. In school he kept up with his class until about 17 years old. Then a dullness of mental faculties was noticed. He was unable to keep up with his studies. He became more selfish and morose. His friends attributed this to his being the only child. He now began to complain of slight headache. (This symptom absent in later part of life.) Sensation like water dropping from the ear. Nasal Catarrh seemed aggravated. Myopia, though congenital, now increased, accompanied with marked Nystagmus. These symptoms increased until about 19 years old, when others were added to them. Frequent attacks of numbness of the left side; after a few months this numbness became permanent with slight contractions of the left arm and a staggering gait due to dragging of the left foot. He was now easily excited to anger, had spells of mental aberrations, maniacal hallucinations, this increased until one year before death it reached complete dementia.

Music was the only thing producing any impression, at its sound he would always shed tears. Aphasia was a prominent symptom early in his history. During the last year he never uttered a word; would occasionally laugh aloud. Could not find the right word to express himself. In writing he repeated words, especially letters and syllables. His given name he would string across a page. (Agraphia.) Twenty months before his death we sent him to a private asylum for treatment. He remained six months only to grow gradually worse, was in bed one-half of the time. After his return home he was able to walk about for two weeks. He then gradually lost the power of locomotion, talked but little. If friends attempted to aid him in walking he seemed afraid of falling. Tonic spasms in all motor tracts, sensory not only unimpaired but hyperæsthetic. After death tendons of the extremities were so contracted that we severed those of the lower limbs to get him into the casket.

The last year he was unable to feed himself, would eat or drink anything given him, though at times deglutition was difficult, seemed to hardly know enough to swallow, food would remain in his mouth for hours. Mucous membrane of mouth and throat exceedingly red, much thick saliva and tartar on the teeth, though carefully cleaned, gums bled easily. Head drawn backwards and to the right side, eyes rolled back as if looking upwards, incontinence of urine, bowels only moved with Enemas, occasional attacks of Irritative Fever of from one to three days' duration, the last one seemed to be the cause of his death.

After watching and earnestly studying this case for years, with the counsel of many physicians, the Autopsy was of no little interest. We had located the trouble at the floor of the fourth ventricle in the region of the pons varolii. The cause and Pathology was not so easily determined. We thought it a tumor. Autopsy held forty-four hours after death.

On removing the calvarium the development and external surface of the encephalon presented a normal appearance, except an over-abundant of serum in all the cavities. After removing the brain we found in the floor of the fourth ventricle a softened degenerated mass of the consistency of butter and about the size of a hulled walnut. Bound as follows: A circuit involving the optic lobe and extending backward across the corpora albicantia and involving the crus cerebri and border of the pons, thus interfering with the entire motor tract of brain and cord. Now, what was this degenerated mass? What was the Pathology? Was this mass homologous or heterologous tissue? Was it ever a tumor, and if so what kind? These questions are easier asked than answered, even in the face of the autopsy. I regret exceedingly that the microscope was not brought to our aid in determining these points. It was originally a tumor of some kind or simply a localized softening. I believe it to have been a localized tubercular softening. Call it "Basilar Tuberculosis" if you wish. Others present at the autopsy differed from me considering it a Syphlitic Tumor, originally, afterwards becoming a degenerated mass.

The most common intra-cranial growths are: Tubercular, Syphlitic, Glioma, Sarcoma and Carcinoma, named in the order of their frequency. Tubercular Tumors are found most frequently during the first twenty years of life. Acquired Syphiloma occur from twenty to fifty years of life. The mass did not spring from the dura-mater and could not have been caused by trauma. It did not arise from the pia-mater, hence we need not consider tumors of that origin. Glioma is of slower growth and usually, not always, of a red color. If it were Syphiloma it was inherited and we have no indications of this, no secondary symptoms or family history to this effect. We admit secondary symptoms are at times absent or escape notice. Now, if this be of tubercular origin there should be some family history to this effect, and I think there is, though not well marked, but sufficient to show a scrofulous or psoric, basis. We would expect some evidence of tubercular formations in other parts of the body, but this we did not find, possibly did not search far enough. Yet with all this lack of evidence I believe the degenerated mass to have been circumscribed localized Tubercular Softening of the brain. These cases show, and the last one confirms, to my mind the importance of a correct physiological knowledge of the functions of the brain to correctly diagnose intra-cranial lesions. Also, how seldom we find a sound mind with a diseased brain. And I certainly think the profession should devote more attention to the study of the Physiology of the central nervous system in health, that we may be better prepared to determine pathological states, for Pathology is but sick Physiology.

BUREAU OF SURGERY.

W. T. MILLER, M. D., CHAIRMAN, Clevelaad.

R. N. WARREN, M. D., Wooster.

M. H. PARMELEE, M. D., Toledo.

J. C. NORRIS, M. D., Cleveland.

T. C. MARTIN, M. D., Columbus, (volunteer).

A CASE OF SELF-INFLICTED LARYNGO-TRACHEOTOMY.

T. C. MARTIN, M. D., Columbus.

On the morning of March 20th, prisoner 19,010, of the Ohio Penitentiary, cut his throat, and ten minutes later was brought to the prison hospital. The man was 33 years of age, of spare physique and average vitality, with a history of Chronic Bronchitis.

Upon examination it was discovered that the incision extended from ear to ear, severing the anterior jugulars of both sides, and the two superior thyroid arteries; the trachea had been cut transversely for one-third of its diameter immediately below the inferior border of the cricoid cartilage; about a quart of blood was lost. As respiration could now be established only through the opening in the trachea the patient was unabie to articulate. Breathing was spasmodic and with an effort; which was due to the flow of blood into the windpipe.

On account of the spasmo-dyspnœa and subsultus of the muscles the bleeding vessels could not be seized for ligation, nor could the tracheotomy tube be inserted until the hemorrhage was checked. So the hemorrhage was controlled by digital pressure, the trachea swabbed and a double tracheotomy tube with movable plate as designed by Mr. Durham, of England, was introduced. It was necessary to ligate but the two arteries as the flow from the other vessels had ceased. The divided muscles were drawn together with three silver wire and several silk sutures, a dressing of lint saturated with carbolic acid and glycerine (one part in eight) was applied and the wound left to heal by third intention.

The temperature of the patient was subnormal; pulse rapid, regular, but weak and compressible, respiration irregular, about fifty per minute.

Immediately after the arteries were ligated hypodermic injections of brandy were administered, and bottles filled with hot water were placed at his sides and feet. A milk diet was prescribed and though he had no appetite he partook of his nourishment regularly every three hours. At no time was the patient unconscious. The prognosis was unfavorable on account of the great hemorrhage.

On March 21, the pulse was regular but weak, ninety per minute; temperature normal and respiration irregular, about thirty per minute. Sleep was restless, the patient frequently awakening and with a start. Respiration being wholly voluntary, as soon as he lost consciousness in sleep, the accumulation of mucus in the throat produced strangulation. Then followed a spasm of coughing which brought the mucus to the opening in the tube from which it had to be sponged. There was a frequent recurrence of these symptoms.

The patient was very weak from shock and loss of blood, and, being unable to lift the hand to his mouth, had to be fed. Stimulants were administered at intervals of four hours.

At the expiration of thirty-six hours the secretion of mucus was much less profuse and during the second night the patient had some six hours sleep, waking for a few moments only at intervals of about two hours.

The morning of the third day after the operation he felt much stronger; had some appetite; deglutition was painless; temperature normal, pulse regular, eighty per minute; respiration regular, twenty-four per minute. Very little mucus secretion and scarcely any coughing. Under these conditions the tube was removed. There was hardly any inflammation about the wound. The head was fixed in a position of anteflexion with the chin upon the chest, thus coaptating the edges of the incision in the trachea, and in this manner a partial respiration was established through the superior air passages. The dressing was changed to tarred jute saturated with a solution of iodoform in cotton-seed oil. The patient was cautioned not to attempt vocalization.

But on the second day after the removal of the tube as there was little or no escape of air through the wound, he was permitted to use the voice; articulation was possible though painful. The temperature continued normal, the pulse regular and improved in character; there was little coughing, respiration was regular and twenty per minute.

To his diet of milk, beef-tea and gruels were added, and the patient continued to improve slowly; the opening in the trachea was almost closed, and a better condition of health generally obtained; his ultimate recovery, in fact, was regarded as assured.

But a change in this state of affairs occurred about April 20th. There was some gastric disturbance and a return of his bronchial affection accompanied with considerable vomiting as well as with fits of violent coughing. During one of these convulsions on the night of April 23d there was a rupture of the almost wholly reunited parts. Although very little hemorrhage occurred on this occasion the wound in the trachea was reopened, and on account of the coughing, increased to its original proportions; but there was still freedom of respiration and the tracheotomy tube was not required.

In three or four days the bronchitis had yielded to medication and all measures were employed to prepare the patient for further operation. Accordingly on the 2d of May, as his gastric and bronchial conditions were about normal, I performed the operation with the assistance of Dr. Clemmer.

The opening in the trachea was about the size of a five cent piece. The edges were thickened, the structure was cicatricial in character, acting as a wedge between the cricoid and the first cartilage of the trachea, and the opening could not be lessened by pressure: I separated the muscles from the wind-pipe to the lower border of the third ring and dissected the scar tissue from the edges of the opening; in doing this the trachea had to be severed to within one-fourth of its circumference. This permitted coaptation of the two cartilages, which were joined by three silver wire sutures passed through their perichondrium. A calendula dressing was employed, and the head fixed forward upon the chest.

The patient rallied nicely from the operation. His general condition of health has continued to improve, and with the exception of about the sixteenth of an inch the wound of the trachea united by first intention.

THE INVALID'S BED.

R. N. WARREN, Wooster.

I trust you will pardon me for presenting to this Society a paper on such a *hard* subject as the invalid's bed. I must confess it gives me *nearly* as much distress to write about it as it does the invalid to *recline* upon it.

I have been engaged in the practice of medicine now for a number of years, and have read much regarding the invalid's diet. Something about the climate suitable for the invalid—largely about drugs said to be beneficial to the invalid and lately I have noticed that "Christian Science" is a sure cure for the poor invalid. But I don't remember of reading much about the bed designed especially to give solace and comfort to the invalid. This, then, is the reason I have taken up the subject of the Invalid's Bed, hoping I may call your attention to a "long felt want" in the medical profession.

The invalid's bed should be so constructed that the patient can *rest* upon it, and not merely lie upon it. It should be so arranged that the position of the invalid can be changed without effort on the part of the patient, and causing him the least possible amount of pain and suffering, thus husbanding so far as lies in our power, all his vital forces.

It should be so designed that the needs of the body, urination and defecation can be attended to without the removal of the invalid from the bed, because the danger of so doing is great in many cases, and the old fashioned bed-pan is but a poor excuse for helpless bedridden patients and those suffering from broken thigh bones.

Our surgical patient will bless the bed that will allow him a change of posture and a change in the position of his broken limb without pain and disturbing the appliances for keeping the fractured bones in apposition.

The asthmatic, the sufferer of organic heart disease, and those convalescing from long continued fevers will appreciate and praise the bed that will permit them to assume the upright position almost without an effort.

The *bed* that is occupied by the invalid from day to day and week to week, must not be a soft bed made of feathers. If too soft, the body will be kept too warm and thus favor the development of bed-sores. Again, it must not be too hard or the bones of the subject will soon protrude through his flesh and frightful bed-sores be the inevitable result. In making our bed, then, the golden medium should be followed, neither too soft nor too hard. Let the rule be to keep the body cool, or near the normal temperature and the bony frame protected from hard pressure.

Another and very important feature in the invalid bed is the springs. The ordinary springs that are for sale at the shops are seldom allowable. Especially is this the case in the treatment of surgical cases; they allow the body to sink unevenly and are an abomination. I would strongly advise, where springs are advisable and admissable, to get the strong spiral wire spring and put them under the legs of the bed, and thus allow the whole bed to rise and fall evenly. A very nice bed is sometimes made by placing springs under the posts at the head of the bed.

Another essential requisite for the invalid bed is a good mattress. See to it that it is stuffed evenly and made smooth and free from ridges and bunches. It is not a good plan to fill the mattress with corn-husks and place a little cotton on top—such a mattress will destroy more religion for a poor, suffering, helpless mortal in a week, than a preacher can get into him in a month. Let the mattress be filled with one material. Hair is preferable, but costly. Cotton is good but needs renewing occasionally. Moss is inexpensive and answers a very good purpose if well cleaned and filled in evenly. And lastly keep the sheets clean, smooth and free from wrinkles; and in time your patient will "*rise up*" and call you blessed. This model which I have with me embodies my idea of a bed suitable for the helpless invalid or the unfortunate individual suffering from a broken limb.

My studies in this direction began some four years ago while attending an elderly lady for fracture near the hip joint. I first began by trying to construct a machine for the purpose of lifting the invalid off the bed, in order that the nurse might renovate, cleanse and make the bed. I suspended and called my effort a failure. Having another similar case to attend, I began by trying to construct a better bed for my patient than was then in the market. How well I have succeeded I will leave each individual to judge for himself after having examined the model.

BUREAU OF SANITARY SCIENCE.

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SOPHISTICATION OF FOOD AND DRINKS.

D. H. BECKWITH, M. D., Cleveland.

I have deemed the subject which was presented in my papers last year of so much importance in sanitation that another chapter is presented for your consideration.

Not only in this beautiful city, but surrounding it, are located a thrifty, industrious and enterprising people. Educational advantages are second to none in the State.

A member of the State Board of Health is now a resident of Delaware and with his literary and scientific attainments you will invoke all the modern improvements of sanitation that is not already in use here.

Round about this city lies a beautiful country to purify the air in and out of your homes. Yet, while adverting to all these evidences of prosperity; while admiring the business energy, active enterprise and placid contentment of your good people, and bestowing unstinted praise upon the public spirit which has prompted the test of modern improvement, it is meet to utter a word of warning against an insidious foe, who lurks beneath this placid surface, and whose stealthy footsteps enter alike the abodes of all. A foe born of avarice, and reared in sin, the greatest foe of modern civitization whose existence is virtually ignored, while his name is a household word, and his victims legion. This foe is food adulteration.

The very stealth which characterizes this monster renders his presence among us more alarming.

Who would not prefer the fate of Socrates, who found a haven from persecution in the deadly draught of hemlock, to the living death of Theodosius, who contracted a terrible disease from eating noxious food given to him by malicious enemies? A fact authenticated by a curious relic of antiquity, a volume published in 1658 by the Roman Catholic Church, from manuscript written A. D., 787.

The certainty of detection of virulent poisons, which the science of toxicology and the practice of jurisprudence has made inevitable, and the stringency of the criminal code in affixing the severest penalties upon infractions of statutes relating to their administration, have rendered their intentional use comparatively rare.

But no protection to society against the use of that very large class of substances which are used as sophistications in our food products by unscrupulous dealers, is here afforded, although in the light of the vast array of facts respecting them, which has been collated during the present century, their presence cannot be other than pernicious in a high degree. The restricted definition of the term poison to a class of substances which produce immediate serious results, as commonly accepted to the exclusion of a far larger class, the poisonous properties of which cannot be disputed, invites the indiscriminate use of the latter wherever, among men, the love of gain becomes the ruling passion.

The use of alum, for instance, in bread making, in its addition to fermenting flour to prevent further deterioration, is a common practice in this country and in Europe. We will admit that no symptoms of poison are apparent from a single small dose of alum, but it is a well-known fact among medical men and scientists that in large doses it acts as an irritant poison, and that it has in numerous well authenticated cases, produced death. The use of Chloride of Tin as a bleaching agent for low grade syrups affords another example of a common practice.

We may admit again that this salt produces no outward sign of poisoning, except when taken in large doses, but what may be said of the cumulative effects of these two substances from the frequent and constant use of the two most universal articles of diet in existence? From a medico-legal point of view it matters little whether death ensues from the direct effect of a small dose of arsenic, or from the cumulative effect of small doses of alum, while from a philosophical standpoint the former is greatly to be preferred.

While history affords us numerous instances of the adulteration of food, it remained for this enterprising age and generation to raise the subject to the rank of a destructive science, and to so adjust the great law of supply and demand in many departments of the domestic economy as to assure a gullible public of certain relief from the vexatious annoyance of fluctuating markets.

In the matter of teas, coffees, spices, syrups, sugars and many other articles in daily use, short crops or sweeping changes in import duties do not trouble the consumer in the least.

The beneficient manipulators of these goods take the import, be it much or little, and bring the supply up to the demand in their own warehouses by a judicious use of cheap home products. The thrifty house-wife knows the cost of a box of spice or a package of coffee with the same certainty that the manufacturer reckons the profits on his sales, and both are content. If said sugars are worth seven cents in New York, glucose can be had for three cents in Cleveland, and it becomes a simple example in proportion to lay before the consumer a prime article at six cents, and leave the refiner such a margin for profits as his fancy may dictate. In this instance fraud alone is perpetrated; but the same refiner, to lighten the color of his syrups employs a salt of tin, which is known to be deleterious to health and therefore dangerous to life.

It is only within a few years that this subject has received merited attention in this country. Its agitation among medical men of all schools has stirred up public opinion to demand legislation by which boards of health have been established in the various States, and such means for investigations placed under their control as have exposed the methods resorted to by manufacturers and others in the sophistication of their wares, and in some states, laws have been enacted making the practice amenable to the criminal code.

As early as 1848 the attention of Congress was directed to the wholesale adulterations of imported drugs, and a law was passed under which inspectors were appointed for the various ports of entry, and articles in that line were subjected to a close inspection.

A great reform followed the discovery of a shameful practice of adulteration. Dr. Bailey, the inspector of New York city, rejected no less than 90,000 pounds of the common drugs in use, within a period of ten months, 19,989 pounds of one article alone falling under this condemnation.

The stringency of the laws against adulteration in Europe, and the fact that so little attention has been given to it in this country, enabled foreign houses to carry on the traffic with our people, after it had been forbidden at home. At this time the laws in France had been made extremely stringent. In the city of Paris a public laboratory was fitted up at police headquarters, where any one having a suspicion that spurious or adulterated food or drink had been sold him, could ask and procure, free of charge, a chemical analysis of the suspected article. A register of all trades people in the city was kept at police headquarters, and conviction under the adulteration act was followed by fine, imprisonment, loss of citizenship or license, and disgrace from the public announcement on a card in the shop window:

"Convicted of Adulteration."

In Great Britain the laws on this subject were quite as severe. Public analytical chemists were appointed in each city or district, whose business it was to make examinations of specimens of food procured by a corps of sanitary policemen, who were empowered to take possession of any articles exposed for sale which were suspected of being impure or unwholesome.

Conviction under the laws was followed by fine and imprisonment, etc.

As a matter of course the enforcement of the laws against adulteration was attended with much difficulty, especially in England, experts differed widely in their testimony, lawyers squabbled over differences between adulteration, contaminations and substitution, magistrates were not unmindful of the patronage of a class of people who were constantly before them in civil actions, and who were paying clients in their petty squabbles.

The laws were subsequently amended so as to cover disputed points and as now framed they present few assailable points. In this country traffic in any substance which may be proven deleterious to health is made unlawful, so the interpretation of the law adulteration has been widened to embrace all wares in any way harmful to general health.

In this light let us briefly review a few of the many dangers to which society is exposed in the provision of the necessities of life. One of the most important foods which enters into daily use is milk.

Seven-eighths of our children are more or less supplied, supported and nourished by milk alone, and it is the only natural product which furnishes adequate nourishment.

Milk is a lightly alkaline watery fluid, containing:

1 part Proteid in solution,
2 parts fatty matter finely divided to form emulsion,
3 parts sugar in solution,
4 parts mineral salts.

In these proportions milk makes a most perfect food, not only for children but for invalids and the convalescent, when the constitution does not reject it. The most common adulteration of milk is water, with the addition of chalk, Glucose and Boracic Acid to bring it up to the proper specific gravity. That this adulteration is very commonly practiced has been established in every city where examination has been made.

I was informed, but a short time since, by a clerk in a wholesale drug house, that dairymen were in the habit of purchasing large quantities of Glucose from time to time, and as this much abused article is manufactured solely for purposes of adulteration, we may naturally infer that it found its way into the milkman's cans.

Thomas J. Edge, a special government agent in Harrisburg, Pa., says in his report July 21, 1886:

"I am not an alarmist, but if citizens could see the cases of Tuberculosis which have come to my notice, they would not allow another session of the Legislature to pass without at least an attempt to restrict its spread.

"We have found whole herds and dairies affected to a greater or less degree with this disease. Milk is used from animals scarcely able to stand. That milk from diseased animals reaches the market is so evident that it needs no demonstration; that no amount of inspection will detect the presence of this disease, is apparent."

This report is not essentially different from those of other agents in other localities. It is only a wonder, in view of all the facts which have been gathered by observation and examination, that any children in large cities ever reach man's estate.

The importance cannot be overestimated of a most rigid system of inspection of milk, not only for the detection of added adulterations, but for the detection of diseases, and the conditions favorable to their development.

It is a well-known physiological fact that the milk of an animal is affected long before the disease shows itself elsewhere, hence the necessity for absolute cleanliness, and such environing as will insure good health and therefore wholesome milk. The quality and purity in milk in a healthy animal, depends upon food, drink, air, light and care.

A superficial examination too often satisfies an inspector that everything is all right, when a more careful one might reveal something radically wrong.

The feeding of brewers' grains for instance, to cattle, is highly pernicious, as may be easily shown by comparing the milk from cows fed on that stuff with that made from natural wholesome food. I have no doubt but that tendencies toward the use of intoxicating drink in the man, may be often attributed to the use of milk taken in infancy from cows drunken on brewers' grains.

Since my connection with the boards of health, I have been aware that the adulteration of milk was carried on to a great extent, although the State laws are quite stringent as to the punishment of persons selling milk that is not up to the standard ; but few boards of health have enforced the laws.

March, 1887, a farmer a few miles from Cleveland was arrested for selling milk that had over 33 per cent. more water than the law allowed. Judge Hutchins in passing sentence upon the old man said : "City people are at the mercy of such men as these and public health demands that the laws provided for such cases be rigidly enforced. I am satisfied that this old man has been feeding his cows a good deal of water, in fact more than the law allows, and he must pay the penalty, even if it is his first offense. We must show food adulterators that we are not to be trifled with. $50 and costs."

During the past year I made a number of tests of milk and found the quality much below the standard of pure milk.

With these facts to present to the Board of Health in Cleveland there was but one dissenting vote in appointing a Milk Inspector.

Milk dealers are notified how much below the standard their goods are. And they must put better quality of milk on the markets or suffer the penalty. Two large dealers openly defied the Board of Health, were promptly arrested, fined $50 each and costs·

Over one thousand examinations have been made by the Inspector within the past three months.

Cleveland during the coming year, and, I trust, many years to come, will have a better quality of milk than ever before; and I hope in some future paper to tell you how much improvement the food and milk inspectors have accomplished throughout the State of Ohio.

It would be impracticable with the limited time to go into further details of food adulterations. Their name is legion.

It is safe to assert that there is scarcely an article of diet in daily use that escapes, aside from those which come to us in natural form as in the case of vegetables and fruits. It would be an easy matter to find cider vinegar, for instance, in a good apple country, but in forty tests last year I found none. In every case it proved the manufacturer's article, with an alcoholic basis.

Progression is making prodigious strides, and I am glad to welcome new and useful discoveries so long as they are not perverted to bad uses. I naturally and determinedly protest, however, when I sit down at table before a dish of macaroni masquerading in a coat of chrome yellow to disguise the poverty of its make-up. In this case ignorance is bliss, for my neighbor sees eggs in its dress, where I see only yellow paint. The dishonest practice of substituting gelatine for eggs in charlotte-russe and in cream has led to very serious results in some recent cases, with the poisoning of scores at one time.

Gelatine is of animal origin, decomposes very quickly when the conditions are favorable, has, as food, very little nourishing power, and is fit only for uses in photography and in the mechanic arts for printing. The Sulphate of Copper and Barium, originally employed in the interest of the arts and devoted to mechanical uses, are now largely used for coloring pickles, fruits and other canned goods, and quite often green coffee. Arsenical preparations, Aniline, Salicylic Acid and many of the most useful discoveries in the sciences are perverted to the wrongful and injurious adulteration of food for the purpose of gain.

When we consider that the welfare, the happiness and the greatest prosperity of a nation depends upon the health and morals of its people, and, that unpalatable and irritating foods are the prime causes of very many diseases that flesh is heir to, the imperativeness of entering the field, lance in hand, against this insatiable foe to good living and good temper, food adulterations, ought to be apparent to every one of us. So much has been charged and so much proven by those who have given their time and best scientific knowledge to investigations into the conditions of our food products, that ignorance can no longer be made the excuse for inactivity. The most humble among us may become the strongest in this righteous fight. Play must be given to the impulses which are part of all nations, and not the creature of any condition or profession.

ESSENTIAL ELEMENTS IN SANITARY REFORM.

J. W. CLEMMER, M. D., Columbus.

The advancement of Sanitary Science in recent years is the highest exponent of medical progress. The cumulative experience of the past was required to teach that both health and disease are governed by natural law. At last it is known that prevention is better than cure, safer and cheaper; that many diseases are preventable; that a knowledge of Physiology and Hygiene is as useful as a knowledge of the Materia Medica. Sanitation is an obligation forced upon the conduct of wisdom second only to mental and moral discipline which it invites and subserves. Healthy homes and healthy living is expressive of a duty paramount to the common avocations in life. Wealth has charms but health glows and glitters with a comfort that wealth cannot buy. Shrouds have no pockets.

Sanitation has been given much attention. Boards of health and sanitary associations are springing up in all directions. Great progress has been made, but the advance has been confined to narrow limits. The good accomplished by sanitarians is almost wholly confined to their own benefit. A vast amount of good unuitlized lies buried in sanitary literature. This potential force stored away in the knowledge of the few must become active in the practice of the many, if sanitary reform is ever to be accomplished. The wisdom of our contributions should be scattered broad-cast among the masses. Sanitary reform does not begin and end with professional erudition. Reform is revolutionary and ends with the people. The work of sanitation, so far, is of the tread-mill variety, effecting principally those engaged. Our reports run in a circle and are given to speculation. If true reform is ever to be attained, all this talk in societies, journals, books and technical reports must be put to practice by the people.

Outside of sanitarians, it is found, even among the cultured classes, that sanitation is little understood or practiced. The great desideratum is the education of the people. Sanitary science must be taken from theory and put to practice. The people should be taught how to adopt sanitary methods. The new science must fail if its benefits do not reach the masses. The degree of its appreciation and adoption mark the degree of its success.

It is not expected, nor is it necessary, that the public be instructed in all matters of Hygiene, but certain elementary knowledge is desirable. To what extent this shall be carried may be a mooted question.

It is certain that all should understand the necessity of pure air, pure water, pure food, lighting and heating, ventilation, sewerage, house drainage and plumbing. They should know something about personal and sexual Hygiene as well as public health They should understand the pathogenesies of narcotic drugs and appreciate the value of school Hygiene. In short all should understand the proper conduct of physical existence.

The good already accomplished in teaching the people in these matters is due almost wholly to the medical profession. It is a noble work filled with unselfish motives and philanthropic results. But the effort of the physician should be supplemented by others whose business it is in life to instruct the people.

The daily press and the great horde of editorial writers know less and say less about Hygiene than any other subject of half the value. The great army of teachers and preachers take no interest in this subject. These three great educators of the people, the press, the pulpit and the school, are doing little or nothing to direct the public toward its physical welfare.

Strange as it may seem prejudice and superstition couched in religious belief hang as dead weights about the neck of Sanitary progress. In ancient times the ravages of disease were thought to be the work of the gods in whose hands both the body and soul of man were held in bondage. Traditional influences cling to the credulity and practice of modern times. Many people still think that some inscrutable fate stands in a causative relation to the duration of human life. They violate hygienic law, invite disease by unhealthy living and permit the spread of epidemics, then wonder why providence permits the ravage of disease and allows innocent victims to die off like so many house-flies. God is held responsible for the devastation of disease and death. The penalty of unsanitary living is imputed to blind fatality or mysterious providence.

The sanitarian knows that the laws of health and of disease are as inexorable as the law of gravitation and as much a part of Nature's design as the rose; but the religious enthusiast is willing to attribute direct fatality as well as special cure to the discretionary power of Omnipotence.

The conduct of many is founded upon a belief that both health and disease are controlled by the mercy of divine will. Physical conditions are unrecognized. Sanitary indifference is the result. The pulpit is responsible for this doctrine. The tendency is toward so-called Christian Science and the faith cure.

If life, health and disease are under the direct supervision of God the relation of cause and effect must be put upon a theological basis Natural philosophy and Sanitary Science must yield to Christian Science. Prevention is supplanted by faith. Psychological Therapeutics is replaced by special acts of providence. Mystery takes the place of fact. On the other hand, if health and disease are governed according to natural law the relation of cause and effect must be found in Sanitary Science.

I would not rob God of his goodness and glory, or destroy the good work of faith, but in the name of reason I ask the minister to teach the history of disease and health as gleaned from unquestioned nature. The follies and fallacies of ignorance must give way to intelligent conduct else God is made to enter the practice of medicine with the unenviable reputation of curing only function disorders with a predilection for hysterical patients.

The trouble is the pulpit ignores the physical side of man. In the past man was even led to maim and torture the body as a means of winning favor from its Maker. The despisal of the flesh as something vile and unclean was taught from an old church tenet. This sentiment against the body still exists in no small degree. With Isaac Watts we still sing:

"What worthless worms are we."

Doubtless it has come to the experience of others as it has to mine to see a patient suffering from disease which he believed was a direct visitation of God in punishment for violation of moral law. Kindred belief, which is not uncommon and as superstitious as the belief that characterized the dark ages, is due directly or indirectly to erroneous instructions of the pulpit.

The minister has Mental Myopia. The professional man approaches a subject from one side only. The professor is a born specialist, arrogant and dogmatic, unable or unwilling to look beyond the narrow confines of his department, but the liberty of genius views man as he is, body and soul, endowed with both physical and spiritual qualifications. A complete knowledge of man includes both science and philosophy upon which theology is largely dependent. The student of Nature looks upon the human physique with admiration. This wonderful piece of machinery, passing through all the stages of development from germ cell, embryo, fœtus, infant and youth to adult manhood, impelled by natural law, reflecting the human torm divine, exhibiting matchless design and surpassing beauty, circumscribing the highest ideals in mechanics and fine art is not a thing to be neglected or ignored.

Knowing how easily this machine is thrown out of gear, how a little dot in the brain may cause a man of genius to reel into insanity; how a break in a nerve may shut light or sound or cause athletic strength to drop into helpless paralysis; knowing how much of happiness, mental and moral welfare depend upon a sound body, it appears just and reasonable that some attention should be given to physical culture and to the establishment of healthy homes and healthy living.

In the droppings from the sacred desk intended for the elevation of man, there is no anatomy, no physiology, no dietetics, no hygiene, nor anything in relation to the welfare of physical existence. Yet these things teach him vital lessons. They teach him the construction and composition of the body, how to live wisely, how to avoid disease and premature death and to make life comfortable amid healthy environments. These virtues constitute the religion of the body, yet they are almost wholly ignored.

It may be said that these things belong to the medical profession; that the people get on very well without studying Sanitary Science. But as a matter of important fact they get on very poorly when it is known that about one-half of their aches and pains, sickness and premature death is self-inflicted or preventable. The millions of money foolishly and injuriously spent for patent medicines and all sorts of nostrums, if directed toward Sanitary improvement, would return the fruits of a good investment and cut off one-half of the doctor bills besides. Heaped upon all this is the awful thought that insanity is upon the increase—an index to the fact that there is a screw loose some where in the machinery of life. I say the trouble lies in our mode of living. The body has been trampled in the dust of neglect too long, and now over-wreught Nature cries out against the sins of bodily abuse. Our asylums for the insane and imbeciles, constantly crowded, stand out boldly before the footlights of the world, pointing to the violation of Sanitary laws behind the scenes.

It is a lamentable commentary upon our boasted civilization to see a gigantic intellect in a poor, pinched, half starved body go to a premature grave through dissipation or other preventable disease, but when observation is turned to the ever-increasing number born into the world whose bodies and intellects, both, are dwarfed and distorted, rickety and idiotic, all on account of violating the laws of health in one form or another, the goddess Hygeia blushes for very shame and points the travesty of our educational and religious systems. The hereditary tendency to many diseases of both body and mind like their acquired production, and the conditions that make criminal life easy and probable may be averted by the adoption of sanitary methods. Considering the laws of heredity and reproduction as a basis of marital relations, there is no reason why the people should not, at least, give as much attention to the rearing of a noble manhood and womanhood as is devoted to the production of fine horses and cattle.

Countless church spires and school house domes rise majestically in every city and village in the land as proud monuments to a religious and intellectual people. They point to the aspirations of the soul and to a generous culture of the mind, but nowhere is there to be found an index to a corresponding disposition to administer to the wants of the body. The church cries out, "Save the soul!" and the university cries out, "Save the mind!" and so between getting to heaven and securing an education the material man is ignored. The education of the higher faculties is all well and proper, but the thing against which I urge objection is a one-sided education. Look upon man as we will we know nothing of him aside from his corporal expression. Spiritual abstraction is evolved out of his physical individualty. Besides, a sound body conditions the full fruition of mental health. A pure soul cannot rest in a dirty passion-begrimmed body. What religion is to the soul and what education is to the mind Sanitation is to the body. The man who indulges the appetites and passions to excess, and lives an unsanitary life every day in the week and enters the house of God on Sunday, ostensibly a devout subject, is a poor, deluded hypocrite. The student who gathers intellectual force at the expense of physical health is a dupe to misdirected effort. The mind or soul can not be tutored in a wise system of education or religion unless the physical organization, with its wants and dangers be placed under the same intelligent direction. The dual features of mankind must be trained up together in order to round out the perfect man. No one should regret the fact that he is endowed with the so-called lower instincts of animal nature. They are as much of divine origin as virtue itself. Virtue, indeed, is the subjugation and control of the passions. Minister and teacher alike should give attention to the physical side of man. If man can not live upon bread alone then he can not live upon brains alone. Let us have bread and brains at the same table. Let us have body and soul united. Let passion and intellect reside together. Give us Sanitary instruction sandwiched between sermon and text book. Let the college and the pulpit educate the whole man. Let man know his own physical being, its wants and dangers. Sanitary science in the hands of the press, the college, the pulpit and the physician, are the only means of accomplishing this end.

The philosophy of normal existence teaches that there is a relation between bodily want and spiritual aspirations, between the hygiene of the body and the sanitation of the mind. Purity of personal habits is prerequisite to religious piety. The bath naturally precedes the Sunday morning sermon. Cleanliness is next to godliness. The religion of the body is twin sister to the religion of the soul. The man who lives a Sanitary life and makes the body truly a fit temple for the spirit is already half Christian.

The adoption of Sanitary methods is not advocated from a sense of moral obligation alone, though this would be sufficient reason, but they are urged for their own worth. If life is worth the living, then as a natural sequence Hygiene must be accepted as a rule of practice. As it is in the struggle of life men are veritable spendthrifts, sacrificing Health's bank account upon the altar of selfish ambition. They never stop to think of bodily wants, excepting to meet the necessities of animal existence. They infuse into business tact and talent and give brains to either work or play, but never give a thoughtful consideration to the production of healthy homes and healthy living. But why should the people neglect one of their highest interests? Strange fact! The great trouble is they were never taught the worth of Sanitary methods. Social evils and individual vices were never held up in the light of Sanitary science. The reform asked is that the youth be taught the physiological effects of unsanitary living. Teach them the effects of alcohol upon the human system, if you would apply the best remedy to the drink habit. Teach them sexual hygiene and the terrible effects of violating its laws if you would do the greatest good in restricting prostitution. When it is plainly taught from a physiological standpoint that intemperance and associate evils ruin health, render life miserable through disease and invite death, more good for body and soul will be accomplished than is attained by political clap-trap or stilted sermons.

Intemperance is approached by the cant of oratorical effect, by fanatics, ministers and statesmen, yet it continues, the wild war-horse of passion. Every possible measure to prohibit and to restrict has been instituted save one, and that is a plain, honest method of Sanitary instruction from text book, pulpit and press whereby the evil effects of alcoholic drink upon the human economy may be taught and impressed.

Teach the youth general sanitation as you teach them grammar or Greek, or the Bible lesson, and you will have instilled into their plastic characters an irrevocable disposition to protect bodily health. A few weeks of physical culture in the college curriculum will outbalance a whole year of Latin. Better a live student than a dead language. Some of the brightest graduates leave their alma maters with minds cultured for the highest stations in life, but, alas, for the fact, that the mind was trained at the expense of muscle and nerve, they have to seek an invalid's home and wither from the gaze of the world like a flower that is born to blush unseen.

The work of Sanitation is only begun and the full complement of its benign influence will, in future, be supplied by the source of all social reforms, education, under whose magic touch an ideal civilization will arise in which man will rest at the zenith of his glory, physically as well as mentally and morally, the lord and master of perfect manhood.

DISCUSSION.

Dr. Barnes—I believe I have a word or two to say on that paper, and on Sanitation in general. I believe most that it says, but I do not believe it all. But the subject of Sanitation strikes me in this light. It is getting to be the fashion of the day to have Sanitation going on everywhere. We have our boards of health, and they are looking around every gutter and mud puddle, and if they find a case of typhoid fever they say it has been caused by a little standing water somewhere. Well, now this is all right, but there is another kind of Sanitation that we do not pay enough attention to. Here is a man who eats enough for three men, and makes himself sick, and they go around to find a mud puddle to account for it. Some men will soak themselves in whisky or brandy or tobacco, and then go to talking about Sanitation. We must get on the inside of the people. We have been cleansing the outside of the cup and platter about long enough. We do not get deep enough in—that's the trouble.

NATURAL GAS; A SANITARY FACTOR.

J. P. HERSHBERGER, M. D., Lancaster.

The large extent to which natural gas is being utilized for both domestic and manufacturing purposes brings it before us in a sanitary point of view.

We will only look at its domestic use. The object of all methods of healing our homes is to give us the greatest amount and the most uniform degree of heat for the least expense. We will begin first with the old wood fire places of our forefathers, they up to the present time have not been surpassed for real good solid comfort. Who among us that have enjoyed an evening by the old fire-place can not bear witness to its comfort and cleanliness? But what as to the uniform degree of heat produced? None but one who has sat down by a booming wood fire to read during an evening when the thermometer stood at zero out doors and has wakened from a nap of two or three hours and found himself nearly frozen and the comfortable room in which he started to take a nap as cold as an ice house in August. Next in order comes the method of heating our homes by coal. This produces a cozy comfortable fire, more uniform as to its degree of heat than wood, but much more dirty, producing a great amount of dust and more or less smoke in a house. Then we have the modern methods of heating by hot air furnaces and steam. These are two methods by which a very uniform degree of heat is produced, but to be healthy they must only be placed in houses where ample means have been employed for ventilating purposes, in old houses with poor methods of ventilation they are worse than useless, producing a vitiated condition of the air such as to produce headache and vertigo. To remain long in such a close, vitiated air must certainly lead to an impairment of health, especially if the temperature is above 68° Farenheit. Now we will come to our modern method of heating our homes by gas. The same fires and stoves are used that have been used for coal. The gas is furnished to the fire at a uniform pressure and your fire once started needs no attention farther than that occasioned by the changes in the external temperature. It makes a dry steady heat which is very pleasant except when the temperature of your room gets too high. Then it is that people are heard to complain of headache and vertigo. I have made a large number of observations on the temperature of rooms taken during visits to patients and found the large majority overheated. The temperatures ran from 60 to 96 degrees, very few were found with a temperature of 70 degrees or under. Then also another advantage is where houses are damp. You introduce Natural Gas into a damp house and the dampness entirely disappears in a very short time. Your homes are clean, no dust or smoke, and a means of keeping a uniform temperature. It not only places our homes in a better sanitary condition on their interior but also on their exterior. As an example take Pittsburgh, Pa., ten years ago and now. The change is so great as to be almost beyond comprehension.

THE RELATIONS OF METEOROLOGY AND MORBIDITY.

E. R. EGGLESTON, M. D., Mt. Vernon.

Medical works, systematic and fragmentary, abound with allusions to the influences of atmospheric conditions upon states of health, and progress of diseases, but very rarely are such allusions explained, nor are the special effects of such influences pointed out. That such expressions so prevail, there is a widespread belief in their efficacy, and the time must come, sooner or later, when all matters regarding such relations will become systematic and practical, rather than so exclusively theoretical.

It has long been a belief of the writer, based upon a somewhat extended study of the subject, that the operations of the natural forces, amid which, and by which we live, are, to a large degree responsible for morbid as well as normal states. Man being conditional to a mean of the forces, the mean must represent normal conditions,—or those which place man at disadvantage,—or predispose to, or actually induce disease. If this be true, then a comparison of meteorological conditions with the prevalence of disease ought to show the relations;—if shown, then so much of etiological science is placed on a firm basis.

Upon these grounds the subject has grown, in my hands, into its present shape; a shape which, if pushed steadily forward, must prove or disprove the hypothesis.

These charts exhibit the meteorological and health conditions for each month, and for the state, as far as present observations extend, and are based upon reports of the Bureau of Meteorology and State Board of Health of Ohio. There are shown:—temperature and pressure of the air, relative humidity, precipitation, direction and velocity of winds, and state of the sky, for each day of the month.

The figures for each item and standard data are given in the left-hand column and margin of the chart. Except in the case of rainfall, the reports of their representative stations are taken, Cleveland, Columbus and Cincinnati. These stations are chosen, because, first, the observations are made by experts, and are, therefore, reliable; and again, by reason of distinctive conditions which, theoretically, at least, attach to them. The State is thus divided into a northern, middle and southern section. Each of which may, by times, correspond to characteristic atmospheric conditions. For, as may be well known, storm areas originating in the northwest sometimes barely touch the northern border of the State, while again, and perhaps predominantly, they sweep over the whole or greater part of it. Besides, the influence of the great lakes is peculiarly felt over that section. The same is true of the southern section with regard to gulf and southwestern storm areas, they may barely touch, and again may sweep over less or wider portions of the State. The middle section is liable from either direction, or may feel neither.

So far there is little to criticise, perhaps, but the work is incomplete, notwithstanding. What is believed to be fully as important as any item given, is still wanting. There are no reports upon electric tension and ozone, and none are accessible. But we are to be congratulated upon the fact that there is a prospect that these may be supplied later. The U. S. Signal Office, assisted by Profs. Mendenhall and Rowland, has the matters of instruments and methods under investigation, with a view to systematic observations upon atmospheric electricity; and our own State Board of Health is perfecting arrangements for observations upon ozone; so that it is now hopeful that before many months regular reports in these directions will be available; then the chart may be made complete.

The health curves are from returns of morbidity, exclusively. They are specific; that is to say, they represent neither averages nor percentages. The figures at the right state the number of cases reported. Diseases are grouped, each group being represented by a curve, and diseases forming each group are named in order of numerical prevalence. This part of the work has presented some knotty problems, and the results are, on the whole, not very satisfactory. It has been thought best to adhere to the specific form for this reason, among others: Averages are of no value whatever. There is no such thing as average health, nor can there be average sickness. Nature presents no averages. Facts, specific, individualized facts, are what we want, and must have before any average or other deduction can be made, and with the facts in hand, averages are certainly and more than ever useless.

The great difficulties in the way of making this part of the work as valuable as is desirous, are, first, the unwillingness of physicians, in the main, to raise a finger to help the State Board to the information it desires; and secondly, the failure of legislative enactment to compel them. Let us hope for a change. Nor can it be expected that a State Board of Health, with little or no power, and with so stingy a financial outfit as was granted by the Legislature, can carry such or any measures to a very high degree of reliability and value. However, Time, which is said to "cure all things," may cure these.

DISCUSSION.

Dr. Owens—I think many of the suggestions made by the Chairman are exceedingly valuable. I believe that nineteen-twentieths of all our diseases arise from meteorological conditions—certainly a very large proportion, larger than we would be willing to admit. Take for instance cholera. It travels over the continent as an epidemic and its access, its residence and its existence all depend upon certain meteorological or climatic influences. You will find the same with intermittent fever, and all that class of diseases that do not depend upon any specific germ or any specific contagious conditions that they may be traced to these atmospheric changes. I think this can be shown without any question if people will disembarrass their minds from the theories of some of our old teachings upon this subject. In spite of all the learned researches made there has never been any well-defined case of cholera or yellow fever or any of these forms of generally wide-spread epidemics—not limited epidemics like small-pox—traceable to anything but the atmospheric or climatic changes. These conditions, I have been led to believe from a pretty-careful study of the subject, depend entirely upon telluric or metallurgic conditions. I would like to ask a question of the members of the society present, whether they have observed a certain peculiar form of eruption, or eruptive diseases, which has been traveling through southern Ohio in the last six or eight weeks, in every respect resembling measles except that it does not have the catarrhal symptoms very marked, nor the eye symptoms. It has the aching of the limbs, the fever, and the eruption all marked, as distinct and well-defined as any ordinary case of measles. I would like to hear from the other members of the profession present if they have met any of these cases. I have seen at least 100 cases. It is not contagious; there may be one case only among half-a-dozen children or there may be two or three in one family while the other members of the family are not affected. This is usually known as rœtheln, or German measles. I am satisfied that it is purely an atmospheric condition at the bottom of this epidemic.

DR. H. E. BEEBE—The paper of Dr. Eggleston is one of no little interest. It is a subject to which, I have recently devoted no little attention. I believe with the exception of Tennessee and Michigan, Ohio stands practically alone in this field of research. And I am right glad to havea gentleman of Dr. Eggleston's standing present a paper of thatkind to this society. With regard to the disease under consideration by Dr. Owens, I will say that I have seen quite a number of such cases and have diagnosed it as he has. He has not considered it as contagious, I have, not to the extent of measles, of course, but I have given it the caution and diagnosis of measles, although I found it required but very little treatment. I don't know but what the cases would have gotten well without medicine as readily as with it.

BUREAU OF PÆDOLOGY.

J. A. GANN, M. D., CHAIRMAN, Wooster.

C. D. CRANK, M. D., Cincinnati.
R. B. CARTER, M. D., Akron.
M. A. GAULT, M. D., Cleveland.
E. H. JEWITT, M. D., Cleveland.
O. D. CHILDS, M. D., Akron.
FRANCIS J. DERBY, M. D., Columbus.

WHY DOES THE BABY CRY?

J. A. GANN, M. D., Wooster.

Where did you come from, baby dear?
Out of the everywhere into the here.
Where did you get that little tear?
I found it waiting when I got here.
—Geo. McDonald.

To the student of Symptomatology desiring a field of study uncomplicated by imaginings and the defective deductions of symptom-harassed patients, a study of the various conditions of infancy affords an exceptionally rich field.

It is the purpose of this paper, however, to consider those conditions of infancy free from the usual conditions of sickness, or those dependent upon inflammatory or morbid pathological conditions, but which are productive of a more or less constant state of worrying or crying, by which certain babies are known as crying babies in contradistinction from those which, as their mothers say, "are just as good as they can be." There are some who claim that a child never cries without a cause, that crying is always an evidence of suffering; while others, whether better informed or less charitable, claim that many a baby cries from the manifestation of some innate predisposition to be worrisome. If such babies exist we believe them to be in a small minority.

With nearly all children born in the most approved conditions one of the first and welcomed evidences of a perfectly normal condition, especially of the respiratory system, is a series of more or less hearty cries. Even this, though welcomed by all, is an evidence of discomfort to the little one. The sudden change of temperature from that of the interior of the body to that of the outer air, as a rule always cooler than the space the little one vacated, produces a shock to the system which voices itself in as hearty a protest as possible to the change. This is, however, soon remedied by proper attention from the nurse, and the quiet sweetness of the babe soon becomes a source of comfort, and the first cries of the baby are forgotten in the quiet rest that usually follows.

As before stated it is not the purpose of this paper to refer to the many diseases which in children may be attended with crying, because attended with suffering; but only to those conditions which may properly be referred to as under the control, very largely, of proper hygienic measures.

Now, while the border line between these two classes may at times be unsteady, it will generally be due to the fact that the cause of the crying has not been properly recognized, and having been permitted to continue, more weighty pathological conditions have followed.

Basing our thoughts upon the hypothesis that babies do not cry unless for a cause, we will divide these causes into:

1st. External causes; and
2d. Internal causes.

Under the first class we might cite: 1. Crying from soreness, induced by severe labor, when being handled: 2. too tight bandaging; 3. the prick of a pin; 4. the chafing of clothing; 5. intertrigo; 6. insufficient clothing; 7. heat.

Second class of causes, Internal: 1. Hunger; 2. thirst; 3. indigestion, with its train of colics; 4. hernia; 5. dysuria; 6. constipation; 7. prolapsus recti; 8. teething; 9. sleepy, but doesn't want to sleep; 10. passion upon the part of the mother; 11. nervousness of child, as fear; 12. nursing too rapidly; 13. too frequent nursing; 14. earache; 15. sore throat, or mouth; 16. child nursing when the mother is pregnant; 17. broken bones, or dislocations.

J. G. Holland in his "Bitter-Sweet," referred to some of these conditions when he wrote of babies, as follows:

> "Warped by colics, and wet by tears,
> Punctured by pins, and tortured by fears."

We will consider the causes in the order named, and briefly suggest the means of alleviation.

1st. Crying from soreness of the body when being handled. This frequently arises after tedious labor, which fact may be the sufficient cause for the child's crying, and would naturally suggest itself, and also the hygienic remedy: Let it alone as much as possible.

2d. Too tight bandaging. This is a frequent cause of crying, and can be remedied by the nurse intelligently considering the demands of the digestive and respiratory functions of the baby, and loosening the bandage.

3d. The prick of a pin. This is a frequent cause of crying, yet not as frequent as before safety pins were so generally used. The crying is characterized by its suddenness and violence, and is fully as liable to occur in the normally cheerful baby as in the one more inclined to be worrisome. This will suggest the examination for and removal of the offending instrument.

4th. The chafing of clothing. This is readily discovered at the undressing of the child, when the rough or stiffened clothing may be caught, as it were, in the act of producing the irritation, and the reddened cuticle calls for relief. If the child is old enough it may seek to change its position in the cradle or nurse's arms to obtain relief. A too vigorous first bath may predispose to this difficulty.

5th. Intertrigo. This is especially a difficulty with fat babies. All degrees of intertrigo may be found, from a simple redness to a deep redness, and even exudation of serum or bloody serum upon the surfaces. Here the strictest attention to hygienic measures is necessary. The baby's food should be carefully inspected, for in the great majority of cases it is due to unsuitable food, or deranged digestive function, causing a more or less acid reaction to all the secretions of the body, and a poisoned, irritated skin is the result. Powders, &c., if used externally should be used discreetly, as their indiscriminate use aggravates the existing difficulty. Lycopodium powder is one of the best and simplest, while the internal use of the same remedy, if necessary, or Cham., Rheum., Merc. cor., is helpful.

6th. Insufficient clothing. This is occasionally a cause of crying with children, sometimes depending upon the pride, and sometimes upon the poverty of the parents, and the little one, to be made presentable, is left blue and shivering and shuddering. The diagnosis of the difficulty is fairly easy and suggests the remedy.

7th. Too much heat. Here the reverse condition exists, and amid blankets, and flannels and fancy coverings, and in a room already as warm as the mother may wish, the little one kicks, and struggles, and cries, pleading as eloquently and forcibly as it can for release from its sweat pack. A few vigorous rocks of the cradle, something new to attract its attention, may cause it to forget for the moment its discomfort, but only to be renewed when the diversion is past.

As inexcusable as this may seem it is a frequent cause of crying, and its remedy is only to be found in a more reasonable appreciation of the child's requirements.

Secondly—The *internal causes* we will also consider in order:

1st. Hunger. This may be due to perfectly natural causes, and may be satisfied by the timely administration of the proper food. But cases frequently occur when the administration of the usual food is not sufficient to still the crying. This may be because the food is not adapted to the age and condition of the child, (though the food itself may be nutritious,) or the food may fail to possess nutritive properties in proper proportions.

During the early hours, or days, of the infant's life, and before the mother's natural supply for the child may have made its appearance, the nurse, fearful that the little one will suffer for want of food, frequently inaugurates a colick disposition by the dish of sweetened pap or water sweetened with the ordinary cane sugar.

Much of the difficulty could readily be avoided, if, instead of the above procedure, a little water sweetened with sugar of milk, (which is nutritious), were given. And I have frequently seen colics removed and gentleness secured by this change in diet.

The advancing age of the child will occasionally demonstrate the fact that the mother's milk is failing, has failed, or is unsuitable: and here comes the necessity of making selection from the various "*best*" preparations with which the market is flooded.

The experience of the physician may have demonstrated that any one of these standard foods may be good in some cases, but possibly not one in all cases.

With some, cow's milk affords all that need be desired, and the little one thrives in the most approved manner. With others this fails, and condensed milk affords a means that produces most gratifying results. In certain cases of "acid conditioned" infants, where all milk preparations acted as gastro-intestinal irritants the little one may thrive on Imperial Granum, especially where diarrhœa seemed to intensify the difficulty. In certain cases I have seen Mellin's food fill the want; and this, too, I have seen yield to Carnrick's food, and so on.

It is perhaps impossible to predicate with certainty what food will be best adapted to the individual case, yet a study of the analysis of these standard preparations and the peculiarities of each case may aid somewhat in the selection. Is the little one of the "acid-make-up," with tendency to colic, sour vomiting, sour evacuations, etc., we should avoid those preparations rich in hydrocarbons, as these by their naturally inclined fermentative tendencies induce the difficulties we are trying to overcome. One of the most valuable adjuncts in these little cases of weak digestion I have found in a digestive preparation which I have been preparing and using for some time past, and which is made as follows:

Pepsin 2 drs., Pancreatine 2 drs., Salycin 20 grs., Lactic Acid 40 grs., Sac. lac. 6 oz. Triturate together and give in one or two grain doses after food.

2d. Thirst. Touissant very forcibly says on this subject that it is a mistake to suppose that because milk is a liquid food it is at the same time a drink which is capable of satisfying the thirst of infants. Although milk appeases hunger it makes thirst more intense after it has stood for awhile in the stomach and digestion begins. It is thirst that causes healthy breast-nourished infants to cry for long periods of time in many instances. A few spoonfuls of water will soon relieve this evidence of distress.

3d. Indigestion, with its train of colics, is so intimately associated with the two previous divisions as to sustain the relation to them of sequel. But it is only to the acute, sudden attacks that we here refer. Here some known change in the diet may readily account for the suffering, and it is generally caused, not so frequently by the feeding of unsuitable food, as by the giving of food in quantity beyond the capabilities of the child to digest it. Manifestly care should be exercised in the quantity administered; at the same time remember that in many cases of impaired digestion the occasional administration of a little water would assist in the performance of this function.

In some children with whom the mother's milk generally agrees a change in the mother's diet, especially to a fruit diet, or a diet too highly seasoned, may induce colic in the nursing child, the digestive powers of the child being so weak, especially up to the fifth or sixth month, as to render it especially liable to such influences. As before remarked, colics may be due to the excess of hydrocarbons in the food, and the deficiency of the nitrogenous and phosphatic elements.

Some children as soon as they are able to sit in a high chair, are placed at the table with other members of the family. Here the temptation to try baby's growing digestive power is almost irresistable, and loving mother and doting father give baby a taste of the "forbidden fruit." The habit grows, but the baby's stomach frequently sends its protests in the form of mental irritability, colics, fevers, convulsions, and the whole train of deranged digestive symptoms. Meat-fed babies, like meat-fed animals of a lower type of life, are far more liable to crossness and irritability than are those whose diet is free from such stimulating food.

The relish for an article of food is not always a safe criterion for its use, but is frequently harmful in proportion to its relish.

The management of such cases is suggested by referring to the causes that induce such conditions. Colicky babies should be kept warm, and during an attack hot application to the abdomen, and the feet in warm water, will frequently speedily relieve.

4th. Hernia, is not so frequently a cause primarily as it is secondarily, as the crying is frequently productive of the condition which, when produced, is a source of annoyance and suffering. The remedy (which may be difficult to apply) is: Reduce the hernia and remove the causes that primarily induce the crying.

5th Dysuria. This is by no means a novel cause, but it is often obscure in its etiology. Frequently nervous in origin, sometimes due to errors in diet, sometimes to rectal irritation and catarrhal conditions of the urinary tract, considerable difficulty may be experienced in determining the exciting cause. There may be the presence of uric acid in the urine. It is a serious matter, and Vogel says that two-thirds of the children that die between the ages of 2 and 10 days die from this cause. Dysuria is characterized by writhing pains, by the child throwing itself back and stiffening out. There may be extreme sensitiveness in the region of the bladder, with this there is frequently retention of urine. The difficulty may frequently be remedied by proper hygienic measures, such as plenty of soft water as a drink, and warm poultices over kidneys and bladder.

6th. Constipation. This, regarded as a resultant of possibly several factors and being a symptom, is to be met as such in its totality. The whole field of the child's dietetics and habits merits the closest scrutiny, and in no department does physiological feeding meet a more certain reward. The discomforts and suffering of the child when attempting an evacuation are generally so aggravated as to attract the attention of the mother or nurse to the immediate cause of the suffering, and can only be overcome as the causes are removed.

7th. Prolapsus recti, and even anal fissure are found in certain aggravated cases. These are generally associated with constipation, but the more intense suffering during and continuing for some time after an evacuation warrant a careful search for this difficulty, and distinguish it from ordinary constipation, though produced and removed in many cases similarly.

8th. Teething. This lets in a whole flood of tears and wails, and is the too frequent excuse for prescribing, and the still more careless diagnosis of the existing difficulties. While the pain incident to the teething process is many times very acute, and often induces such perturbed conditions of the nervous and circulatory systems as to induce spasms and convulsions, yet these conditions are frequently aggravated by a general unsuitableness of the child's hygiene. Nature, though sometimes possibly at fault, or at a loss to maintain the required balance of the nervous and circulatory forces incident to the development of the teeth, is generally on the alert, and by sympathetic fluxions from the entire alimentary tract tries to prevent undue congestions with the consequent suffering during the teething process. There are generally a sufficient number of symptoms to call the attention of the nurse or mother to the teething process when that is the cause of the crying, as the motions of the child will materially aid in the establishment of the diagnosis. The general hygienic surroundings of the little one demand investigation. Its hereditary predisposition may need some remedial assistance to put it on the right track; but the bathing, the food, the light, the air, the clothing, indeed, the "life the child leads," are more important than the hit or miss teething remedies as frequently prescribed on generalities.

9th. There is another condition which is almost as perplexing to the physician as it is trying to the mother, and that is when the child is sleepy, yet is unable to sleep. The mere prescribing of Bell. will many times fail if we are governed by this key note alone, since the causes for this condition may be variously located. Now, perchance, the teething irritation; now to congestive irritation of the medulla, and this possibly reflex from gastric irritation; and when the almost fallen-asleep condition of the child receives a shock, apparently induced by fear of something, which causes a cry that impresses us that it is some form of suffering that induces this peculiar condition. The sleep of a child in pain is spasmodic, by fits and starts, and sometimes sleep is secured only as the result of exhaustion.

Nearly every morbid condition may have this symptom attending it, and it is valuable as it enables us to discern with more clearness the extent to which the central nervous system is involved, As such it must be considered with other associated symptoms.

10th. Violent fits of passion upon the part of the nursing mother may induce conditions all the way from a mere nervous indisposition upon the part of a child, to abdominal pains, convulsions and even death. The coincidence of passion upon the part of the mother, and suffering upon the part of the child, might suggest the cause, the effects would be more or less lasting as the child was more or less susceptible.

11th. Nervousness of the child from fear, fright or loneliness, manifested by expressions of relief when the condition which caused it is removed. Often, placing the child in the mother's arms is all that is required to avert what otherwise might have resulted even seriously.

12th. Nursing too rapidly is a frequent source of pain with children. Here the stomach receiving its supply faster than the digestive powers can dispose of it sends up its protest, and the child drops the nipple to cry, but to take it again when the cause of the crying is less active. This may be frequently repeated during a single nursing. The remedy is: Feed more slowly; take the nipple from the child's mouth, or, if using the bottle use a nipple with such fine perforations as to permit but a small quantity of the nourishment to pass through at one suction. In those cases where rubber tubing is attached to the bottle (though this is not the best) an occasional pressure upon the tubing will cut off the rapid supply, and thus accomplish the purpose.

13th. The too frequent nursing; and here we enter a field full of disputations and experiences. Here the physician may expect to run counter to many of the nurses and grandmothers whose Saffron and Chamomile teas, and dishes of pap are inevitably associated with the initiation of every baby into the mysteries of independent organic life. Every cry, from their standpoint, calls for the immediate administration of food, and unless baby has extraordinary digestive powers he is exposed to the dangers that result from too frequent feeding. As a rule a child may be nursed every two hours until two months old, gradually lengthening the intervals, and when six months old not oftener than once in three hours. The intervals should be longer at night. For the abnormal hunger which sometimes torments children, the use of Sac. Lac. in warm water, to which has been added a couple of drops of cream, will probably soothe the crying until the proper time for the administration of food arrives.

14th. Earache Though properly the result of inflammatory action is so largely under the control of hygienic measures, frequently receiving no other, that it is here referred to. The twisting motions of the child, the pulling at the ears, unless they are extremely sensitive, the desire to hold the painful ear against something warm, suggest the difficulty. The early recognition of the difficulty, and the application of heat may check the difficulty in the early stage; this should not be long continued, however, without medical aid.

15th. Sore throat, or mouth. This is frequently due to imperfect hygienic conditions, want of cleanliness, improper food and improper eating are the most frequent causes. The difficulty in nursing or swallowing, or the child refusing to do either, will suggest an examination for the cause. Strict attention to hygiene will largely prevent any difficulty under this division.

16th. Nursing while the mother is pregnant is a frequent cause of the decline in health, cheerfulness, and even a cause of loss of life to the infant. The rule is wean the baby if the mother is pregnant.

17th. Broken bones or dislocations. The very careless habit in many persons of lifting a child by an arm, and my experience with a child that was suffering with a dislocation caused in that way, suggests that I mention even this inexcusable condition as a cause of great suffering and crying. The child's actions, and loss of action, the position of the injured member will suggest the cause of suffering and possible remedy.

Other causes may, perhaps, be found quite as productive in producing crying babies as those already mentioned, and possibly some would include numbers 12 and 13 with number 3 of this paper. The more readily overcome circumstances in the two numbers, as being largely under *mechanical* control, suggested the separate mention.

The causes thus far mentioned are probably the most frequent that present themselves in the ordinary routine practice of the physician, and his ability to diagnose them correctly and to suggest the hygienic measures adapted to the existing conditions is frequently as productive of as much credit to his professional skill, and eventually to his financial profit, as the successful carrying of a case through some more strikingly inflammatory condition.

ON THE ETIOLOGY OF INFANTILE SUMMER DIARRHOEA.

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An analysis of several thousand cases of reported Cholera-Infantum in "Massachusetts Registration Report," and "Vital Satistics of Ohio," brought prominently to notice four important facts, the consideration of which will, I trust, give us a clearer understanding of the Etiology of intestinal troubles peculiar to infants and children.

First—Seven-eighths of the cases reported occurred between the ages of six and eighteen months.

Second—Four-fifths of the cases reported occurred during the months of July, August and September.

Third—Seven-eighths of the cases reported were in cities and among the poorer classes.

Fourth—Four-fifths of the cases reported were among the bottle fed.

Let us consider each statement and in the order given.

First—Seven-eighths of the cases occurred between the sixth and eighteenth month.

What is there peculiar to this period of life rendering the little one so susceptible to these disorders? For many years it was referred to teething and several of our text books continue to give it as the cause. But we have come to regard dentition as a perfectly natural physiological process, and that it is no more a factor in the etiology of Summer Diarrhœa than it is in convulsions, spinal paralysis, rickets or tabes, which we also observe are more frequent during this period. If infantile intestinal troubles were due to dentition, *per se* would they not be as prevalent in winter as they are in summer? No doubt the disturbed condition of the impressible nervous system at this particular period is an element in the production of all these ailments and is at times appropriated by dentition.

During this period too, the anterior horn has reached a degree of functional development, and as it is this part of the spinal cord which presides over intestinal motion, any undue irritation of the part will disturb it with results more or less serious

The cause of much of the trouble is summed up in the word *development.* The nervous, vascular, digestive and respiratory systems are under the strain of rapid physiological action, and carries with it a susceptibility to disturbance.

It may show itself in the vascular systems, with fevers and cerebral troubles or in the nervous systems with convulsions and spinal irritation, or in the respiratory system with bronchial difficulties, or in the intestinal tract with diarrhœa in its various forms.

Another important element in the production of intestinal troubles, is the changes which are frequently made about this time in the food and the manner of feeding. The child is taken from the breast, or the breast is supplemented by other food without proper discrimination.

Second —Four-fifths of the cases are during the months of July, August and September.

What is there peculiar to these months productive of this trouble? Heat is the recognized factor, but if it were due to heat alone would we not expect to find the heaviest mortality during the earlier months of life? A period prior to the sixth month when the tender organism would be less able to resist the depressing influences? Or, if due to the direct effect of the heat would we not expect the same temperature to produce the same results in the country as in the city? No doubt, atmospheric and telluric conditions play a very important part in the production of Summer Diarrhœa, but we are far from a thorough understanding of it. Science has not even revealed to us the relation of the thermometer to the barometer and its influence upon morbid conditions. It has been observed, however, that Summer Diarrhœas are more prevalent in a rising temperature with a falling barometer.

The direct effect of heat upon infantile organism is seen in many ways. It depresses the nervous system, thus weakening digestive functions and disturbing heart action. It also produces unnatural thirst and consequent over-feeding. It drains the system of fluid by profuse perspiration, thus reducing the relative amount of water necessary to perfect nutrition. It also favors fermentation and decomposition, the effects of which will be referred to later.

Third—Seven-eighths of the mortality is confined to cities and among the poorer class.

Smith says it is rarely seen outside of cities, and Starr "pronounces it a disease of cities and chiefly among the poor."

The cause of this is generally understood to be the vitiated atmosphere and general unsanitary conditions; also, the inability of the poor to nurse their own offspring, or, if nursed, to supply themselves with proper food, or, if at the bottle, to procure fresh milk. But the fact appears that in our Foundling Asylums where sanitary science is regarded and where care and attention is given to milk and food, the same fearful mortality decimates the wards. A recent journal gives the following statistics of mortality under five years: New York, 45.90; Brooklyn, 47.86; Boston, 39.16; Philadelphia, 17.97. The comparative low rate of Philadelphia is accounted for on the ground that the tenement system is practically unknown in that city. The efforts of authorities to improve the sanitary conditions of the quarters occupied by the poor, and to regulate the care and sale of milk has not yet perceptibly diminished the death rate in our larger cities.

Fourth—Four-fifths of the cases were of the bottle-fed.

What is there in connection with the bottle-fed productive of so much trouble? As Summer Diarrhœas are usually preceded by symptoms of indigestion, it is ascribed to the food. Is it not strange that with the long experience, the profession has not reached some degree of some uniformity in this matter of feeding? that it has not arrived at definite conclusion upon this all important subject? The child is taken from the breast without hesitation, we substitute milk in various proportions and compounds, we invoke the aid of chemistry and our shops and pharmacies are full of "Infant Food," and the number rapidly increasing, each with a formula based upon physiological laws and its perfection vouched for by a long list of professional names, but still the death rate continues on the increase. If food be the cause, it is evident that we do not appreciate the important relations it sustains to the infantile organism, or if we do appreciate it, our knowledge regarding its employment is not sufficient to prevent the terrible ravages of Summer Diarrhœas. That milk and certain of its products are liable to change whereby they are rendered not only unfit for food but positively poisonous, is a fact which has long been known as stated, and demonstrated by Prof. Vaughan.

The opinion is growing that the solution of the whole question lies in conditions necessary for the development of micro-organic life.

Brunton says: "The advantage possessed by milk drawn from the breast over that given from the bottle is that the former is free from germ life." "It matters not," says Prof. Soxhlet, "so much which food we feed, natural or artificial, as it does the extent of its contamination by germs." "One of the greatest advantages secured by nursing from the breast consists in the lessened liability of the milk becoming infected with germs which produce poisonous ptomaines," says Vaughan. As we have abundantly shown, the etiology of Summer Diarrhœa embraces more than one factor, but as we survey the field the period of life most susceptible, the time of year when Diarrhœa is most prevalent, the class most frequently attacked, and the locality where its ravages are heaviest, with the fact that four-fifths are among the bottle-fed, does it not appear that fermentative and putrifactive changes in the food, acting either as systematic poison or local irritation, is the principal factor? This seems all the more probable when we learn that the means adopted to destroy the germs of fermentation result in a greatly diminished amount of sickness. The most successful therapeutic treatment is germicidal or antiseptic in its nature.

Some one has said "the most effective way to explode a popular fallacy is to explain it."

The term fermentation implies certain changes and decomposition of organic substances which are recognized as of two kinds, chemical ferments and organized ferments.

Of the former, the most common example is the conversion of starch into sugar. The active principle—diastase—seems to be a soluble substance, having no structure or visible shape. The other variety possesses a definite organism which lives and moves and is recognizable under the microscope. This variety we term micro-organic. The best known varieties have been named and classified, and it is pretty well proven that each cla s produces a fermentation distinctively its own. At a certain stage in the life of each a concentration of the contents of each cell takes place, forming very small corpuscles. They are the spores, the equivalent of the seeds of higher plants. These spores are in the atmosphere ready to settle down on milk and other food.

One of the best known varieties is that producing the souring of milk. The spores or germs are not in the milk when freshly drawn, but in the air and fall upon its surface and multiply rapidly until the whole of the milk is infected. The atmosphere in vicinity of decaying vegetation is laden with these germs. They abound in filthy places, in dirty highways and by-ways, in the crowded homes of the poor, particularly during the heated season. They pass into the system with the food they eat, and with the air they breathe. The healthy stomach does not afford them the most suitable nidus, but the intestinal tract with its products of pancreatic digestion which predominate with young children seems to favor a soil especially suitable for their development

The ferment, or exact germ, producing the tyrotoxicon of Prof. Vaughan, has not been classified, but it is recognized as a true putrefactive germ.

Its action has been closely observed upon the lame animals and found to produce symptoms similar to cholera-infantum not only as regards objective manifestations, but pathological results are identical.

One of the greatest difficulties has been to determine when milk is free from these germs. It may appear sweet when fed to the child, but the germs of fermentation may be present to develop and multiply afterwards. It has been abundantly proven that a cow may suffer from disease which is rarely if ever regarded as of any importance by dairymen and which may give to milk the germs of fermentation.

These facts led to careful investigation resulting in sterilization of milk as the best preventive against germ life.

The relation of poisonous foods—poisonous by reason of changes due to germ life, changes taking place both before and after it has entered the body, is one of the leading interests before the profession to-day. No one can read of the investigations of Brunton, Briglee, Soxhlet, Vaughan and Bouchard without believing that it is in this direction, if not by their route, that we must look for the solution of many of the heretofore inexplicable problems connected with the digestive and intestinal tract.

We begin to hear it stated that antiseptic care is simply another word or term for cleanliness. We are also told that dirt is simply matter in the wrong place. If it be understood that dirt, being in the wrong place, is productive of sickness and death, we will not only be more careful to know that it is within its proper place, but will seek to know how to keep it there. To that end I add the preventive measures regarding the care of milk as suggested by Prof. Vaughan:

The cows must be healthy, and the milk must not be mixed with that from diseased cows.

Cows should not be fed upon the refuse from breweries, or sugar refineries. Nor upon other fermentable foods.

They should not be allowed to drink stagnant water.

They should not be allowed to get overheated or worried before being milked.

The pasture should be free from poisonous weeds and the stalls and sheds should be kept clean.

If the udders are dirty they should be carefully washed before milking.

The milk should be thoroughly cooled. The vessels containing it should be kept under a stream of running water or in ice water. The milk should be kept at a temperature of not more than 60 F.

At no season of the year should milk be kept very long and none should be bought which has a higher temperature than 65 F.

The milk should be kept in vessels of tin or porcelain which should be placed in boiling water after they have been used.

The following hints are worthy of consideration:

Both milk and water are safest when boiled. The sterilization of milk as practiced by Prof. Soxhlet, of Munich, or by Caille, of New York, or by Rotch, of Boston, is to be recommended.

See that the reaction is Alkaline, and do not add Carbonate of Soda to prevent its turning, for it produces a Sodium-lactate which tends to Diarrhœa.

Do away with the long tubed feeding bottle, as in summer it is almost impossible to keep them free from putrefactive germs.

Add a little salt to each bottle of milk. It is not only a powerful antiseptic, but among other beneficial effects it prevents the solid coagulation of the caseine.

Diarrhœa with excessive vomiting. Stop all food, at least all milk, for a time, and feed diluted veal or mutton broth.

For temporary use condensed milk is recommended, for in process of making it is sterilized and the amount of cane sugar tends to prevent fermentation. For continued use add ten drops of Codliver Oil to each bottle of milk. It adds greatly to its nutritive properties.

The fresh, pure air of the country is life-giving and life preserving, and is to be recommended even when life is despaired of.

DISCUSSION.

Dr. Warren—One word in regard to this change that takes place in the souring of milk. If that is mere germ life and fermentation, how do we account for the souring of milk in a thunder storm? I don't remember the exact explanation. I think perhaps that is a point that some one can explain.

Dr. Crank—The gentleman wants me to explain the changes that take place in a thunder storm?

Dr. Warren—Yes, sir.

Dr. Crank—The souring is supposed to take place by atmospheric changes upon the lactic acid in the milk. But there is some question about it, and even today you will scarcely find any one to say that a thunder storm produces souring of milk; but the question is agitated again that the changes in the milk during a thunder storm is owing to the presence of germs. There can be no fermentation without germs.

Dr. Warren—I noticed in our town the other day that an old lady was making some complaint about her eggs not hatching and she finally solved the problem in this way. We have in our town—a college town—an artillery practice and the boys practice with artillery every few days and she laid it to the firing of these guns that it destroyed the eggs so that they would not hatch. Now putting that with the thunder storm—the jar and the violence of the thunder storm—it has occurred to me to ask if the old lady's theory was a correct one. She has noticed this defect in the eggs for the last three or four years, and we have had this artillery practice there for that length of time.

Dr. Allen--Does the Doctor mean to say that there are no eggs hatched in his town?

Dr. Warren—That is the complaint of this lady. I have noticed the same in my "vineyard" for the last year or two so much so that we have quit raising chickens.

Dr. Allen—Have you examined for the presence of germs?

Dr. Warren – No, sir.

Dr Kirkland—I believe it is concussion in the case of the eggs, and concussion in the case of the milk. A simple trial to electricity in the milk will test that immediately.

PROPHYLAXIS OF MORBID CONDITIONS DURNIG DENTITION.

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This subject was accepted, not because of any ability to throw a great amount of light upon it, but in the belief that it is one which demands our most serious attention, and in the hope that it would excite discussion among those competent to enlighten us. When we examine the mortality reports, and observe the proportion of deaths occurring among infants, so many of them the result of diseases incident to the period of dentition, we recognize the fact that remedial measures fail of the desired result; that in that direction we have not reached the desideratum, and that if we accomplish the purpose for which we were made physicians, *i. e:* the preservation of health,—for with health, life will take care of itself,—we must look for prophylactic measures. And who of us, that has passed through the ordeal of watching a little one, dearer than our very life, struggling for weeks, in pain and anguish, with wan face and sad eyes, for the life so lately begun, and which has gained so slight a hold upon earthly things,—what one of us has not cried out for help to prevent this, and has not felt that there should and must be some means to avoid it? Even though the little life is saved, it is only after weeks and months of suffering to the parent and child. Many of our number are very successful in their treatment of these little ones, but does the duty of the true physician begin there? If we know how to prevent the disease, and neglect to inform those who have the little one in charge, we are seriously at fault. And if we do not know, it is one of our most imperative duties to inform ourselves, if possible.

The principal morbid conditions occurring during this period which we have to fear, are:

First—Affections of the brain, resulting in eclampsia ranging in degree from slight facial tremors, to violent convulsions, threatening, and oft-times destroying life.

Second—Diseases of the respiratory tract, ranging from simple bronchitis to violent congestion and inflammation of the lungs.

Third—Diseases of the digestive tract, beginning with slight, stomatitis, and ending with the scourge of infantile life, cholera infantum.

Why does this great range of morbid conditions occur? Because the growth of the teeth is not the only change which is taking place in the system during this period. The *brain* is growing, and its functions are being brought into play more actively each day. The digestive apparatus is undergoing a change preparatory to a change in the character of its work. And the bony structure is developing. The whole system is under an enormous strain in endeavoring to maintain an equilibrium. The idea prevails among many of the laity, that the mechanical process of the tooth cutting through the gums causes all the symptoms, and that they must, of course, accompany that process. This erroneous idea should be combated most earnestly by the physicians, and the real reason made plain to parents. It is a disputed point whether or not reflex nervous irritation has much or little to do with the production of these diseases. But our knowledge of the intimate association of the facial nerve with the almost omnipotent pneumogastric governing the lungs and stomach ; and with the sympathetic, sending its branches to almost all portions of the digestive tract, shows us that such results might occur; while the occurrence of severe attacks of eclampsia, or congestion of the lungs or brain, without any apparent exciting or predisposing cause, except the cutting of a tooth, leads us sometimes to think that reflex irritation has much to do with it.

Children with no predisposing causes, placed from the time of birth under favorable circumstances, may, and often do escape any decided trouble. But how many children are thus placed, especially in our climate?

We can scarcely separate the predisposing from the exciting causes when prophylactic measures are thought ot, for it is simply a question of degree as to the result. Exciting causes will produce bad results much more surely and quickly when there is a predisposition to disease or weakness of any of the organs. I will not discuss now the diseases which are not apt to lead to serious results, except to remark that I do not consider it unsafe to meddle with cutaneous diseases under our treatment, though the result does appear to be disastrous sometimes when rapid healing takes place under the use of certain ointments.

The "second summer" is usually spoken of as the one to be dreaded. Does that not depend upon the time of the child's birth? Of those coming under my observation the children born in the spring are more apt to have a hard second summer, while those born in the fall suffer during the first summer. The spring babies have not reached the critical period of teething until the hot weather is almost or quite gone; but their second summer comes in the midst of the teething, and when they are being subjected to a change of food. Those born in the fall are in the midst of the process when the summer comes, and have had the strain of our long and trying winter to undergo. This seems to me an important factor. We all know the relaxation which comes to us who are older when the warm days come, after the efforts put forth to resist the cold of the winter. Infinitely more sensitive are these baby organisms, struggling to maintain a balance in this untried and unevenly weighted life. When we think of the shocks to which they are subjected times without number, by thoughtless and ignorant persons, we may well wonder that they survive to struggle with the still worse terrors of the summer.

What means shall be employed to prevent or at least lessen the degree of these troubles? At this point I fully realize the difficulty of my subject. To inform a body of intelligent physicians what to do to assist Nature in the development of a robust, steady-nerved child, who will be able to undergo with equanimity the changes incident to dentition, seems a work of supererogation. But in view of the fact that so many parents, who are among the clients of equally intelligent physicians, do not know what should or should not be done for their children, it is to be supposed that some one needs to be aroused to duty. These prophylactic measures must begin at the birth of the child, and must be followed up with unremitting care until the evolution of the teeth is complete.

We may, for convenience, draw three distinct lines along which these fortifications are to be built which are to prevent trouble, and call them the

First—Mental;
Second—Atmospheric; and
Third—Dietetic.

First—We know that this period is the one in which the functions of the brain are being actively developed, and we know how all the organs of the body are affected by brain exhaustion; how the nutrient powers are impaired, and how much depends upon the proper nutrition of the system at this period of life. What can be more harmful to the brain itself, and through it to the whole organism, than the systematic course of brain stimulus kept up by so many unwise persons? Because the baby is so bright, and seems to enjoy it so much, they keep on teaching him cunning tricks and urging him to exhibit them many times during the day, and are constantly calling his attention to something new, until the little brain is tired; and they wonder "why he is so restless at night, and cries out and jerks at intervals," when he seems so bright during the day.

The more highly-strung the nervous organization, the greater is the forcing process. The slow, dull baby has the advantage, and often maintains it through life. Can we not impress upon parents the importance of letting the child develop at its own pace, and the harmfulness of permitting the whole family to urge the mental powers in every way possible? We see it daily in our practice, if not in our own families, but we know it is a temptation which must be resisted. Let the baby brain develop slowly, that it may be able to do all the work put upon it; do not urge it beyond its ability, for the world is all new, and the brain is called into play constantly, for some hitherto unknown object comes into view with every turn of the head.

Second—We know that pure air is necessary for the development of the lungs and the aeration of the blood; but it must be neither too cold nor too hot. In winter there must be no extreme cold, irritating the sensitive mucous linings, and chilling the small body. An even temperature, avoiding shocks, is the thing needed. The body should be warmly clad in flannel, and the abdomen, particularly, should be bound with flannel always. I am not of the number who believe in the hardening process for children. It is only a sort of " survival of the fittest, " when infants go through that process unharmed. Neither should there be exposure to excessive heat. Infants die from acute brain troubles which are brought on by the direct rays of the sun falling upon the uncovered head. We all know the influence of extreme heat upon the intestinal tract at times. If it were possible to send every little one to the open country during the heated season, the mortality would be greatly lessened. Where it is possible, do it; but if not, give the little ones as much cool, pure air, as can be procured. Take them into the open air in the early morning and the late afternoon, but not in the dampness of the evening.

Send those in homes of poverty into some park or other open spot during the heat of the day when their homes are unbearable. Keep them coolly clad, always remembering to protect the abdomen. Pure, cool air is one great prophylactic measure which it is often hard to obtain, but it must be insisted upon and procured, if possible. If people can and will understand why it is needed, explain to them. If not, insist emphatically without an explanation.

Third—In the dietetic line we find a wide but difficult field of labor. If the infant is fed by the mother, or good wet-nurse, the difficulty is not so great. Yet here we meet with many stumbling blocks. The child is fed so frequently, perchance, by an unwise mother or nurse, that the stomach is overloaded and given no time for rest. The desire for water, one of the great needs of the system, is overlooked, and every cry of the little one interpreted as a request for food. If the mother is not strong and there seems to be a probability that she will be unable to supply the baby with milk during the summer, without serious detriment to herself, and consequently to the milk, the child should be weaned before the approach of warm weather, notwithstanding the fact that it may seem very well. So many babies are deprived of the mother's milk nowa-days, that the question of artificial feeding has assumed gigantic proportions. The discussion of the artificial food is beyond the scope of this paper, but we must bear in mind the fact and reiterate it again and again to the mothers, that the question of food is an important one. If the little one grows thin instead of plump, pale instead of rosy, listless and weak instead of bright and more active, or if the food seems to cause the slightest trouble with stomach or bowels, an investigation must be made immediately, and a remedy found for it, whether it be to administer remedies to correct the disturbed digestive organs, or to change the quality of the food.

A slow development of the teeth ought to warn us that the nutrition is at fault somewhere, notwithstanding the fact that the child seems plump and bright. Foods should be selected to supply the deficiency before any further trouble develops. There can be no specific prophylaxis against the diseases of infancy, it must come through minute attention to the daily care of the child. People must be taught, and we, their teachers, must realize the importance of teaching them We must speak again and again of the little things which slip the attention of the mother Less knowledge is exhibited by those most concerned, many times, in caring for human infants, than in the care of the young of any animal which they might undertake to raise.

The infants of the very poor are left to grow up, if they live, with little attention, and too often with insufficient food and clothing. Those of the wealthy are dressed in rich, but often insufficient clothing, and left to the tender mercies of an untrained nurse. The happy men is more often attained by those in moderate circumstances, because the mother has time to care for her child, and is yet not rich enough to depute the duty to others. She is more apt to be the practical mother. The evils of this period will not be remedied, I think, until the physician stands upon a different footing than that now existing between him and his patients; until he is employed, not to cure sickness, but to preserve health, and has the care of the children from birth; until people cease to wait for sickness before the physician is consulted, but inquire of him how to attain soundness of body, and when attained, how to maintain it. Then will we see the importance of insisting upon attention to every point of hygiene from the moment of the child's birth; and even going back of that, we will see that favorable pre-natal hygienic influences are at work.

BUREAU OF CLINICAL MEDICINE.

T. E. WELLS, M. D., Chairman, Tiffin.

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A LESSON FROM FAILURE.

T. E. WELLS, M. D., Tiffin.

It is customary for us to parade our successes before our societies and in our journals, losing sight of the fact that we frequently gain more knowledge from a failure than from a success. I wish to present three cases of Diphtheria that occurred in my practice last February and March, two of which proved fatal. These two had contracted scabies some weeks prior to the attack. The first, a girl 11 years old, was attacked with vomiting and high fever, followed by symptoms of prostration, about one day after I saw her. On examination of throat found tonsils left arch of palate and post nasal cavity covered with a thick, grayish, yellow leathery membrane surrounded by an inflamed base; finally nostrils became plugged and membrane extended to larynx and trachea, Kali Bich. 3x Merc., Cyanuret 2x Trits., and finally when discharges became excoriating Nitric Acid 3 dil., also a few doses of Sulphur 3x as intercurrent, but patient died on eleventh day.

Two days prior to death of first case a second girl, 13 years of age, was attacked, manifesting almost identical symptoms. I decided that Kali Bich. was the remedy and administered in 1x Trit. from beginning to ending with Sulphur 1,000x as intercurrent, and had the satisfaction of seeing the patient practically cured Unfortunately she was allowed too much liberty, going from a warm room to a cold one and to an open door, took cold and died in a few hours, 16 days after convalescence began.

Next the mother was attacked in the same way that the other two were except to all appearances the symptoms were more serious. Having waited on the other two cases, she seemed to be filled with the poison. Kali Bich. 1x Trit. was given and she made a good recovery.

The first lesson which we shall draw from these cases is that Kali Bich. is curative in Nasal and Laryngeal or Croupal Diphtheria, if given in 1x Trit., or as much as can be taken without producing emesis, for this would interfere with the nutrition of patient.

The second is that too much care cannot be exercised in the management of convalescents from malignant Diphtheria, remembering that a cold is fatal to them. Do not understand me that Kali Bich. will cure all cases of Croupal Diphtheria, but if the above symptoms are present it will do all that medicine can do Truth and error are so intimately associated that it is difficult to separate the one from the other, and when the former is found it should be prized as a very jewel. In my locality not a year goes by but we are called upon to treat this formidable disease. I have frequently used the remedy in 2d and 3d x Trit., where I thought it indicated, but with negative results. It is needless to say that hereafter I shall use the remedy in appreciable doses.

DISCUSSION.

Dr. Barnes—I am induced to make a remark or two on that paper, or rather on a subject to which that paper leads. It is this. Here are a number of cases of certain diseases running pretty near together, and there are a number of medicines given one after another. I simply wish to state that my own personal habit is that I hardly ever change medicines in any case I am treating. Sometimes something may call for something in addition ; but I try to examine the case in the beginning and find out as near as possible where the trouble is, and what it is, and what will cover it ; I select that remedy and stick to it day after day. I hardly ever change it. Now, how are you going to get it? There was one hint I got from Hering—and once in a while I get a little hint from him—and that is, when there is an epidemic or anything like that you must examine not only each individual case but you must examine the symptoms that have appeared in different persons all around in that epidemic, and until you do that you haven't got your case, while if you do that you will find what will cover the cases. In the first place I think of an epidemic trouble. It is hard to get hold of it right; but bide a time. I take the prominent symptoms that have shown themselves in each case and in all cases, and upon that record I come to my conclusion as to what remedy will cover it, and when I begin with the remedy I stick to it generally until I get through with it. I don't want to boast, but I think my practice succeeds about as well as ordinary doctors, and that is the only way I know of getting hold of these cases. Another thing. As I grow older and have more experience there are fewer vials in my case and they are larger. I find it is such hard work to get the range of any one medicine that few would undertake to get the range of all the new medicines that come up. It takes more brains than I have to keep track of them. I learn a few remedies and get them so that I know what they will do, and I can do with them perhaps more than you can with the entire Materia Medica imperfectly learned. I practised medicine myself by my own experience for from five to six years before I was a doctor. I did it with simply ten remedies called the polycrests. They were put up together in a case and a little book went with each case that just described those ten remedies. I studied that over and over again until I got the hang of them, and I succeeded as well in my practice then as I have ever since.

VERIFICATION OF SYMPTOMS CONTINUED.

FLORA A. WADDELL, M. D., Wauseon.

My name being placed on the Bureau of Clinical Medicine for this year, I will respond by calling your attention to a continuation of my subject of last year, being a verification of some of the symptoms occurring in my practice since that time. I hope others present have something to offer on this subject, as verified symptoms soon make a strong and indisputable work of reference on which all may depend.

Case One.—Chilblains. Toes itch and burn; are red and swollen as if frost bitten. This condition had annoyed the patient for eight years. Every spring and fall was very severe. The only relief obtained was by applying Chloroform to the affected parts, which would relieve for a short time; gave Agaricus 30x, two doses, one hour apart, which entirely relieved for two weeks, when a slight return called for a repetition of the dose; has not had a return now, over a year since taking the last medicine.

Had four other cases of Chilblains with same symptoms. Same remedy cured.

Case Two.—A lady had Diarrhœa before and during menses, so so severe as to debilitate her very much; had been troubled three years. While talking to her noticed marks on her fingers left by the scissors she had been using. She explained that any hard pressure left such marks. This made me think of Bovista. On looking over the proving found it had all the symptoms she gave me. Put up some powders of the 30x to be taken one three times per day during her need of them. The morning of the fifth day after beginning the medicine, she came into the office saying: "I have something new the matter this month. For the last three mornings I awakened with such fearful cramps in my lower limbs that I can not stand it any longer. I have to rub and work with them a long time before I can get up, when it passes off until the next morning, then it is the same thing over again." I went to the repertory as the condition was not a common one, and found Bovista was the remedy, the cramps being a proving. I gave Sac. Lac. and in a few days they were gone. The next month gave the 200x one dose, every other night which did not cause an aggravation, and cured the Diarrhœa, as there has been no return for the past four months.

Case Three.—Pneumonia Was not called until the third day of her sickness. On entering the room the sight was startling; it seemed as if there was small chance for anything to afford relief, still less a cure The effort for breath was so great, the eyes seemed fairly starting from their sockets. In broken accents she said: "I can not breathe, I can not *move*, because of this pain in my lungs; every effort to cough starts the tears." I dissolved a few pellets of Bryonia 45m. in a teaspoonful of water and placed a few drops at a time on her tongue. In about fifteen minutes she commenced to breathe easier; in an hour she could turn with help, and in three hours was asleep. Gave Sac. Lac. every hour, only one more dose of Bryonia, same potency, the third day, as improvement seemed to cease. This should convince the most skeptical that virtue exists in the high potency as well as in the law when applied according to the rules laid down in our guide-book—"The Organon of Samuel Hahnemann."

Case Four.—A Methodist minister's wife had for the last eight years been afflicted with rush of blood to the head, chest and arms, so severe as to make life a misery. Feet cold and obliged constantly to move them, especially after lying down at night. Hering gives the symptoms under Lilium tig. like this: Fullness of head with pressure outward as if contents would be forced through every aperture; conscious pulsations over whole body and out pressing in hands and arms as if the blood would burst through the vessels; constant motion of the feet and limbs on lying down. Gave Lilium 200x, one dose every night until relieved, then three times per week until cured. The peculiar symptom in this case was that she paid her bill and sent a number of her friends to me for treatment. In our part of the country the ministers expect us to do their work for thanks and help to pay their salary besides.

I now wish to call the attention of the physicians present to a remedy called Crawley. I have never seen it mentioned in Homœopathic literature, and have never known of a proving. I have produced a few symptoms in cases where I have been giving the remedy, but they were too sick at the time to push the drug effects any further. "King's Dispensatory" gives all the knowledge I have of it except my own experience. It states that it was used by the doctors of long ago in its powdered form for fevers. I obtained some of the fresh roots and made a tincture of them. The high price I paid for it should have made it resemble aurum metallicum. From this

I prepared the third potency and commenced experimenting. I found it would cure the common fevers for which we usually give Aconite in much the same way. It is very effective in the first stage of typhoid when Aconite is not, and it will break *hectic* fever (when not beyond the stage of cure) without leaving the patient prostrated. There is another peculiar fever we meet with occasionally that I had never been able to cure with anything. Perhaps others have been more successful. Such cases have had a fever for a number of years coming on in the forenoon and lasting until midnight, the fever being the highest about 2 o'clock in the afternoon; can bear only the lightest covering at night. They have no chill in the beginning, no perspiration following; from 12 p. m. until morning can bear cover, and sleep well; appetite good; usually able to be about; very nervous in the afternoon. This fever has some diseased conditions aside from the fever, but not the same in all cases. I have found it in both sexes and with very different symptoms in each case. I would remove all the rest of the trouble with the properly selected remedy and expect this fever to go also. Alas for my expectations! They failed to be realized. Without a knowledge of this remedy I should have failed in curing my cases. I will give one case: Lady, 30 years of age; had urinary trouble for five years; headache, etc. It proved to be a well marked Sulphur case, which I gave in the 200x and upward until it removed all the urinary and head symptoms. "But," she said, "there is one condition your medicine does not reach. I am better than I ever expected to be, and would think I was well if it was not for a fever I have coming on every day in the forenoon and lasting until midnight. I can bear only the lightest covering, and the soles of my feet and the insides of my hands feel as if on fire, and I get so nervous in the afternoon. Still, I am able to work some and go about." I asked her how long she had been thus troubled? She answered about four years. I had given Sulphur, I now gave Sanguinaria, then tried Chamomilla, but all without improvement. I then gave the third potency of Crawley root, dose three times a day. In three weeks she was well of this fever.

DISCUSSION.

Dr. Warren—I would like to ask the name of that remedy again—that Crawley root.

Dr. Waddell—It will be found in "King's Dispensatory."

Dr. Schneider—I have used it in surgical cases, where there was pyæmic condition existing. It seems to have quite a good effect on a condition known as the hectic condition that follows blood poisons I don't know that I ever saw any special result from it. I gave it some twelve years ago a very fair trial in several cases. In the Eclectic school of medicine it is used a great deal. It is used in fevers attending upon wasting diseases, such as tubercular diseases, etc., and they claim that it has a great influence over the peculiar sweating stage, a period that you find in those troubles. As I say I gave it in surgical cases, but never saw any benefit arising from its use.

Dr. Allen—What is its botanical name?

Dr. Schneider—I can't recall it just now. It is known as Crawley root. I never used it higher than 2d and 3d.

TWO CASES OF EPILEPSY.

J. C. FAHNESTOCK, Piqua.

Mr. M., aged 19. January, 1884. One Sunday morning was called to see this boy. The following condition and history was given :

During the night his brother was awakened and found him jerking, and not knowing what it meant requested him to be quiet, but the jerking still continued. He then immediately aroused the other members of the family, who found him unconscious, jerking, frothing at the mouth, face pale, then becoming blue mouthed. This lasting a few minutes he seemed to fall into a deep slumber from which they were unable to arouse him. When he came to his senses he wondered why they were all up with him as there was nothing the matter only he felt a little tired. He was watched a little while then the family all retired and slept until morning. His face was pale, covered with brownish spots, he looked badly and not very well nourished, notwithstanding he had everything he wanted. Very small for his age, which was attributed to a severe attack of "brain fever" in infancy. The effects of the fever still seemed to remain. As his father said "he was always the most delicate child he had," consequently he was allowed more privileges than his other boys, he believing the child would never grow to manhood. He was troubled a great deal with pain in the left frontal eminence, and a dull, confused feeling in the brain.

Just a few days previous to seeing this boy I was studying up the symptomatology of Argentum Nit. Consequently, having this remedy fresh in my mind, I prescribed it from the following symptoms :

Pale, dirty look of face, thin and scrawny, pain in left frontal eminence.

Lastly, believing there remained some brain lesion from his former sickness.

The next morning I was informed by his father that he had had another attack about midnight. I saw the boy that day but, having studied the case, concluded I could not better the prescription, gave Argentum Nit. 30x.

This case I reported at the Montgomery Homœopathic Medical Society, and all agreed with me that it was Epilepsy, and one member remarked that if I could cure him I could do more than he could.

That is all the encouragement I received. Upon this stimulus I continued the Argent. Nit. 30x.

With an occasional dose of this remedy the boy began to grow better immediately, all the former symptoms leaving. Has had no return since March, 1884.

A. M. K., aged 15, light hair, fair complexion, very small for age. His father living and enjoys very good health. Mother died with consumption. He has two brothers living, both troubled with eruptions, and one with eczema. One sister very small for age, pale, sickly looking and very thin. One of his uncles died with epilepsy after having it for years. This boy enjoyed reasonable good health until 1883 when one day while playing with some other boys he had a "peculiar spell" as he termed it, fell down and cut his under lip so much that I was obliged to put in two stitches. The wound healed readily.

I at once suspected Epilepsy and instructed his father to keep watch over him and report to me if he should have another attack.

About one week from this time his father brought him to me and informed me that he had another attack during the night. He was awakened suddenly in the night and noticing his little boy's face being red he turned up the light, and looking again found his face very red. Then he began to jerk, froth at the mouth; this lasted about five minutes, after which he fell asleep and slept for several hours. Upon waking he complained of feeling badly and having headache.

At this time his appetite was good, bowels regular, seemingly no other trouble except those outbursts of "spasms."

I prescribed Bell. 3x and again gave orders to have him carefully watched in regard to his symptoms, and particularly if he had formed the habit of masturbation.

The following week he had three attacks, all of them at night and reported to be harder than ever. His tongue bore evidence of the trouble as it was severely bitten.

At this time I gave Bell. 30x, and for a fortnight had no more attacks, but the following week they came on again with renewed force and more frequent: Bell. 30x, one dose a day; reported next week just the same.

I then gave blanks for one week and studied up the case.

Upon his next return found him about the same. I now gave him Sul. 30x one powder on his tongue and blanks to take one every four hours' and return in one week. The next week found him better, only one attack.

Gave one powder Sul. 30x and continued Placebos.

He now came once a week and regularly at that time I would give him a powder of Sul. 30x.

There were no more symptoms of the trouble for six months, when after eating quite a quantity of peanuts he had another attack.

At that time I gave him Nux. 3 which righted his stomach again. I then began to give Sul. 30x one powder every one to two weeks.

He has had no attack since July 1, 1884. I saw the boy last week and he says he feels perfectly well and has had no trouble in any way.

At present he is growing and seems entirely well and we can only wait longer to see results.

DISCUSSION.

Dr. Barnes—I think that is a very good paper, and very fairly written, and I will add, very well read, which is an uncommon thing among us, and I must say that much in its favor. With regard to such cases of Epilepsy or apparent Epilepsy, that we never know when our case is cured. It is not an uncommon thing for them to sometimes pass over a month or two months, or three months or a number of years and then come on again, the disease having been left in the system all this time; and, consequently, there is no evidence to me in regard to that treatment and all this description that that case is cured or that anything more was done to alleviate it. I have seen cases of Epilepsy get along fully as well without any remedies, or perhaps scarcely any remedies at all. I think we ought to be especially careful about assigning cures to certain drugs. It is a very difficult thing to say just what a certain drug will do. We simply know that a person is sick. We treat them so and so, give them such and such remedy and they get well, and that is just about all we know about it. We may have a great many cases brought together—a great many cases apparently of a similar kind—and they get along well under a certain remedy so often, so many of them, that we can't well assign the cure or alleviation to anything else. Another thing is that we very often ignore various other things that might have as much effect on the case as the medicine we give. There are changes of different kinds, habits of life, and there is the idea of being doctored, and the mind is operated on in a hundred ways that might have full as much to do with the case as the medicines we are giving. I make these remarks because we so often fail here: we give one remedy and say it cured a person. How do you know it cured? How do you know it didn't hinder the case from getting well?

Dr. Palmer—I would like to call the Society's attention to the important part refractive errors of the eyes play in Epilepsy. I have had a little experience that has been to me very beneficial. I know of two cases of Epilepsy that were cured by correcting the refractive errors—by wearing glasses. Dr. Stevenson in New York brought out the idea in the New York *Medical Journal* and since reading that article I invariably examine the eyes and prescribe glasses as a cure for Epilepsy. I studied it over a number of times and finally concluded it to be a very good thing, and I said to myself that the first chance I got I would try it. I have had cases since then and have met with success. Of course I have had failures. But evidently right in here we have a much neglected field that we must study up somewhat. Dr. Stevenson is an enthusiast. He says that three-fourths of all the cases of Epilepsy can be cured with glasses. He says that 78 per cent. of all the cases that he prescribed glasses for are cured. It is however a point that we ought to examine and look after closely.

Dr. Owens—In regard to Epilepsy I think there is a great mistake in our dietetic treatment. I think a careful attention to our dietetic treatment would be a great factor in the cure. I remember one case of a young lady coming to my office some years ago. She was from 5 to 8 years of age, was having Epilepsy every few weeks, sometimes she would have two or three attacks in one week; sometimes one in two or three weeks; and on one occasion when I called to see her—I was called in in the evening—I found her stomach and abdomen very much distended, which I attributed to something she had eaten for supper. I immediately put her upon a very rigid diet and gave her the appropriate remedies and she recovered from that attack; when she was a little older--some 6 years later—she was about 14, I think, she had a return of this condition at her menstrual period and every month it came on regularly. The same observation was made in regard to diet; she had the greatest of appetites, at all times resulting, as I believed, in Epilepsy. She was relieved at that time by giving her Calcarea carb. for this and other conditions, a rapid development of the person from a small, puny child to a robust girl resulted in the course of 8 or 10 months. From then she regained her health until she was married. At her first confinement she had puerperal convulsions of an Epileptic form. She had been allowed to indulge too freely in food in the last week of her pregnancy and attributed it to this. I adopted the same course and she had no such trouble again for a month after her confinement when lactation was fairly established she had a return of her Epilectic fit. She was treated with Calcarea carb. again for physical exhaustion from waste of the tissues of the body and fluids, and from that time on she has had no further such trouble. She has now had three children. Another young lady, I will just refer to who came to the clinic in Pulte College when I was there. I prescribed Calcarea carb. for her on the same score of rapid development from childhood to womanhood and in the course of a few months—she had had Epilepsy then every other week—she came to the college. She returned but once to the college clinic afterwards. I have now been her medical attendant some 15 years and she has been very free from it and is the mother of three children. My rule is to prescribe the drug without regard to the potency unless I know enough about it to say that a high dilution would have symptoms enough grouped together to show very clearly that the higher dilutions will cover the case. I don't care how high you go on the symptoms. I sometimes go as high as the 200th if I have a group of symptoms—a group of leading indications. But in this case I gave the 3d. I to give any dilution that seems to meet the case if I have enough of symptoms present; and I will say this, that my rule is to give the lower dilutions, and if I see that the indications are covered by the drug, I never change my drug, but I continue the drug for three months or six months, or that many years. I simply change the dilution; I may go up or I may go down. That is my way of prescribing. I may say that I prescribed in one case a drug which had three leading symptoms. I gave it in the third. I filled up the glass the next day with fresh water and the next day and the next. The fourth day she was better. I filled that glass up for fourteen days without adding any fresh medicine and the patient recovered.

Dr. Allen—My experience in the treatment of Epilepsy is that Hahneman knew quite as much as we do now; possibly we are better versed in Epilepsy than he, but as to the treatment of chronic diseases we must go back to the constitutional diathesis if we are going to cure and keep cured a case of Epilepsy. There is a strong tendency in these diseases to return, because, while we relieve the present attack, we fail to free the constitutional dyscrasia underlying the whole case. There may be tubercular deposits, or it may be sycotic in character. It may be a syphilitic, or some other constitutional, difficulty at the bottom of the trouble that we very frequently overlook. Another point. Dr. Fahnestock said he gave Sulphur once a week although the patient was improving. My experience is that the 2d prescription is the most difficult prescription for a physician to make, either in chronic or acute diseases. In every case of disease, if the patient is improving we are so anxious to do a good thing and do it very quickly, that we often spoil the whole case by too frequent repetition. Had the Doctor given one dose of Sulphur 30th and given his patient a number of blanks, I think he would have had better results. As Dr. Owens says he gave the 3d potency and went on with blanks and allowed his remedy to act, and in a short time his patient was well. Had he gone on changing the remedy, adding a new prescription day after day, hour after hour, he would probably have spoiled his case. If we would stop and think for a moment that these diseases are frequently the growth of long periods of time, and that we can't cure a case of epilepsy permanently in one or two days, or in one or two months, we would treat our remedies a little differently; we would probably not repeat them so often. We only vaccinate a patient once a year, or once in two or three years. We don't want to vaccinate them every year. One dose of scarlatina, whooping-cough or small pox will produce its kind; and so it is with a great many of our chronic diseases. We repeat our remedies too frequently after we get the remedy, and we very often spoil the case altogether. While I am on my feet I want to object to this word dilution. I think it has done us more harm than any other word we use today. I have used it for several years myself, and I don't like it. We never dilute a remedy to increase its force. We potentize it. We get power into it by potentization not by dilution. You can't dilute a remedy to increase its strength. Hence there is no such thing as a division in our ranks—High or Low dilutionists. No one is a high or low dilutionist. We are all homœopaths.

Dr. Fahnestock—In regard to the different cases of Epilepsy which I have presented. I did not state that I had cured them. We can only watch the results. I am watching these cases right along, and when they need a remedy I repeat it. I would like to ask the members of this Society whether they have had the experience that I have had in regard to Phimosis in Epilepsy, or in Epileptic conditions. I have had several in the last few years that had been going on for two or three years. After circumcision there has never been a spasm ; there has never been any Epilepsy or any Epileptoid conditions. There has been complete unconsciousness of every symtom of Epilepsy ; and they had been treated by other physicians. After circumcision was performed only one has had the seizures, and I attributed that to having these constrictions, these outbursts of spasms producing a pathogenetic condition of the brain, and the remedies which I have given have not reached the case. Circumcision did no good or rather it only modified the case. This is only one. In the other five cases this operation cured the cases permanently.

BUREAU OF MATERIA MEDICA.

H. C. ALLEN, M. D., Ann Arbor, Mich., member for 4 years.

C. S. CLEVELAND, M. D., Cleveland, member for 3 years.

J. P. HERSHBERGER, M. D., Lancaster, member for 2 years.

J. P. HERSHBERGER, Lancaster.

Dr. J. P. Hershberger, of Lancaster, member of the permanent Bureau of Materia Medica, sent out sets of Cactus potencies to fourteen provers, with the following instructions:

INSTRUCTIONS TO PROVERS.

Begin with the potency marked *A*, and take repeated doses of the same until satisfactory evidence is obtained that the prover is not susceptible to its action. Where a keen susceptibility is found to exist, the greatest care must be exercised to avoid blunting or perverting it. With this view, repeated experiments should be made at long intervals, until no new symptoms are evoked. Then, after a long period of non-medication, the prover should go on, and take the potency marked *B* in the same manner, and so on through the list.

In proving, a long period of time should be occupied in testing each preparation, in order that the full effect may be seen in the production of the dyscrasias, etc.

The greatest care should be exercised in verifying symptoms by repeated experiments, in order that "imaginary" symptoms on the one hand, and chemical and mechanical symptoms on the other hand may be excluded.

During the time devoted to the experiments, the diet should be very moderate, as free as possible from spices, and of a simple, nutritious kind. Thus, it is advisable to avoid all green vegetables, roots, and all kinds of salad and pot-herbs, all of which retain some disturbing medicinal properties, even if most carefully prepared. Common beverages, not of a stimulating kind, should be used.

During the observation of the effect of drugs, the experimenter must avoid mental and bodily exertions, and particularly the disturbances that result from the excitement of sensual excesses. Nor should experiments be interrupted in their observations by urgent business affairs, which prevent them from paying close attention to themselves, through fear of disturbance; and, besides being, to all intents and purposes, of sound health, they should possess the requisite degree of intelligence, to enable them to define, and to describe their sensations in distinct expressions.

He received the day-books containing symptoms from four. These he read to the Society, they constituting his report for his year's work.

As one of the provers discredited his own provings by claiming that most of the symptoms seemed to be the result of a "cold" rather than the drug; and the other provings were made with the 6th, 30th and 200th dilutions in large and frequent doses, and failed to develop those characteristic symptoms which have long been recognized as following the exhibitiou of Cactus; the Society were disinclined to receive the paper for publication. This disinclination was made manifest by the following discussion which is published as showing the temper of the Society towards this class of provings, as showing a recognition also of Dr. Hershberger's work, and as vindicating the Publication Committee in withholding the formal publication of the report.

PUBLISHING COMMITTEE.

DR. BARNES—The gentleman tells us that this was an alcoholic tincture that was taken. Now let me say that an adult woman who will take 60 drops of alcohol without a bit of medicine in it, a number of times a day, day after day, will get more symptoms than are reported there. Such provings as that may satisfy some people, but they amount to nothing.

DR. WHITE—I recollect very well a lot of provings of alcohol some twenty or twenty-five years ago, and the symptoms that are now given here to-day are exactly as those that I reported at that time. I don't believe a word in a 200th potency producing any such symptoms at all. That is my idea about it.

Dr. Kirkland—I don't know what the 200th will do, but a lady of my acquaintance can not take a dose of Causticum 30th that will not in fifteen minutes give her a cholera morbus that must be antidoted by Veratrum Album.

Dr. Claypool—I had a little experience with Cactus which I think perhaps would be well to report right here. A patient was taken with a pain in the left side, covering the floating ribs of the left side, a terrible aching pain that kept up day and night without any special time for any aggravation or amelioration. There was only one symptom in that patient to make it different from any other ordinary aching pain or ache, as the patient expressed it, a sort of mechanical or spasmodic action that would come on at times with a pressure which would seem like a ban or pressure for about half the circumference of the body, nearly cross the chest, high up. There was no elevation of the temperature; there was no acceleration of the pulse; there was not anything about the patient except just what I have told you to base a prescription on. I did not think of Cactus for a long time. Consultation did not lighten the matter. At last after a good many weeks it occurred to me that that spasmodic action or feeling or pressure indicated Cactus nearer than anything else that I could find. So I prescribed Cactus 3d with a good deal of amelioration in forty-eight hours. On my second visit within a week the entire pressure and the pain was gone and the case has so remained.

Dr. Clemmer—Under this paper discussion as to the therapeutic effects of so-called high potencies would perhaps be out of order, but it does appear to me that a proper discussion of the pathogenetic effects of high potencies would be a very important question. The venerable Hempel has put himself upon record that the provings of drugs in the high potencies, speaking of the 30th, were not worth the ink required to record them. It is this very question that has brought our distinctive school into much trouble if not ridicule. I thought perhaps as we had got along so far in the history of our school that we would not be called upon to discuss this same question. It has been discussed in societies time and again. It is a sword and red flag that is thrown into the arena at which mad men run atilt. I think it time lost in this Society to discuss this question. Prof. Wesselhœft proved the drug Carbo. veg. As a matter of fact he was giving Sac. Lac. His provers described no less than 1,400 separate and distinct symptoms ascribed of course to Carbo. veg. when in fact the drug was not given at all. I consider this as a remarkable case of the failure of the pathogenetic effects of high potencies. Now, we have coming into our Society a prover who has gone to a great deal of pains to present us with the provings of a certain drug in its potencies. Now, the question arises in my mind whether such proceedings should go on record? For my own self I should say NO, not because I have any prejudice against this gentleman, but it is because I am convinced from study, from organized study, that it is a failure to take up and study the provings of a man who uses tobacco, where they are drunkards, and where these symptoms could not be accounted for in any other way. One prover's symptoms, as he himself admits, ought to be attributed to a bad cold, and so I think. There is another element, that of mental influence. These provers being very impressible had an idea that they were doing something; they expected something; and as a law of expectancy they did get something. I am opposed to allowing any more of that kind of trash to go into our Materia Medica over which we may bewilder our brains when we come to important cases that require genuine medicines.

DR. ALLEN—Just a word. I wish to discuss this paper. I think Dr. Clemmer made a mistake in regard to the statement concerning Dr. Wesselhœft's proving ot Carbo. veg. Dr. Wesselhœft did make a proving of Carbo. veg., but in order to test the genuineness of it he interlarded a number of provings of Sac. Lac. Dr. Wesselhœft was just as prejudiced against the proving of a high potency as my friend Dr. Clemmer is; but both Dr. Wesselhœft and Dr. Clemmer appear to have forgotten the fact that Carbo. veg. in its crude state is just as inert a substance as Sac. Lac. in its inert form. What potentization may do with it I don't know, we can't know until we try it; we cannot afford to ignore a fact until we have tried and found it untrue. There is not an Allopath in the land who has not used Carbo. veg. in the crude, who is not prepared to state that beyond a certain direct action it possesses no power. Has Dr. Clemmer ever put it to the test as did the Vienna provers of Natrum mur.? These provers disputed the reported symptoms obtained from the 30th and even the 12th. What did they do? Proclaim to the world that it was all nonsense? No, sir. They went to work with the crude Natrum mur., with the 3d, the 6th, the 12th, the 30th, and, prejudiced Allopaths as they were, when they got through they frankly acknowledged that the best symptoms and the most reliable ones were the ones obtained from the 30th potency. That is the way to do the work, and I do not say I don't believe it. Put a potency to the test and see where it comes out, whether it comes out in the practical application the same as its recorded provings indicate. Simply to say that you don't believe that a potency above the 6th attenuation of Cactus is capable of producing therapeutic effects, is bosh. It doesn't affect the action of Cactus in the least. Not the slightest. There is no sane person who has any such idea.

Dr. Barnes—I simply wish to say that I don't think the question of potency has anything to do with it, and I don't wish it discussed.

Dr. Fahnestock—Has Dr. Barnes ever tried remedies above the 30th, the 60th or the 200th on the same individuals and got the same symptoms? If he takes the same person and gives the 30th of Belladonna and from that runs up to the 200th or higher, and he finds the same symptoms to continue that makes it worth something if it is only carried far enough. I think it is just the same in this style of proving if we only carry them on far enough so that we can select for ourselves what we want.

Dr. Owens—We have in Cactus as a peculiarity a grasping about the heart which has not been mentioned by these provers at all. That is a key-note, and unless you get that you are not sure that you have got Cactus. They have not any of them mentioned that important characteristic. I think it might be well to insert that. I thank Dr. Barnes for striking the nail on the head. Any man who will take alcohol a dram at a dose, and that three times a day, will have enough symptoms, but they are not Cactus.

Dr. Allen—If every prover was made in the same mold, probably every prover would present first the clutching condition.

Dr. Owens—But no one of them discovered this condition. That is the trouble.

Dr. Eggleston—That very constriction of the heart is expressly noted in every test from the 30th to the 200th.

Dr. Carter—If this prover had put in this constriction, which we are all taught as a characteristic of Cactus, it wouldn't have been worth anything. I would have supposed that he took it from the books.

Dr. Wells—One important fact of the provings of drugs it seems to me should be this, that the prover ought not to be apprised of the fact that he is going to take a drug. He ought to take it as by mistake. Then he may not be ready with preconceived symptoms that the drug would produce or might produce. The very fact that they are going to do something and then record it causes that something to rise into existence. Another thing about the proving: They do not state whether these patients had suffered from any of the symptoms which they have recorded, for these patients may have had these symptoms before taking the drug. I think the character of the person has a good deal to do with the symptoms that manifest themselves under certain circumstances.

Dr. Owens—I move that the Cactus proving be laid on the table.

Dr. Allen—If Dr. Owens or any other member of this Society can give a better reason than simply his "I-don't-think-so" for it, I would be glad to hear it. Simply because they don't believe it, because certain symptoms usually esteemed as characteristic do not appear in this proving is no reason for its being thrown out. If we never have but one proving of a drug no provings would be worth reading. We must have varieties of provings as we must have varieties in everything else, in potencies as well as provings to get the full benefit of the drug, and I don't care how high or how low the potency of the drug so long as we get verified symptoms; that is what makes it better for us in practice.

Dr. Owens—I will go as far as Dr. Allen, and use as high or as low a potency as he cares to use, but he must cover the symptoms of a very characteristic kind, and when he doesn't do that, when it doesn't have the old symptoms of the drug with which we are all familiar, and where pronounced symptoms of alcohol appear in the revised proving, I think there are good reasons why such a paper should be excluded from our report. There is no leading symptom given in that paper. The head symptom is a very common one with alcohol, and very easily explained. I don't know whether the gentleman has ever experienced the effects of alcohol or not, and we all know that headache in the morning is a usual symptom with alcohol. The most marked features of the proving are the lack of originality, and that with which we are all familiar, the grasping and pinching about the heart, we do not find. I think that is reason enough. It is not that I don't believe it. I say it doesn't conform with the ordinary provings of Cactus unless he can say that we have a new article of Cactus.

Dr. Cleveland—I think that the dilutions of Dr. Hershberger are untenable, and I am opposed to receiving the provings. I hope, however, that the Doctor will not take it in any sense personal, for my opposition is based on purely scientific grounds. I don't believe that he has demonstrated that the effects reported by him are due to Cactus.

Dr. Claypool—As you well know this Bureau of Materia Medica was elected to inaugurate a work which would be more carefully done and which could be continued from year to year without a break or interruption. It seems to me that this report ought to be allowed to go in; it would only appear as a preliminary report. As this work is to be continued the subsequent reports of provings may satisfactorily clear up the case. The reports of these provings prove nothing at this time, but if we allow them to go in, in time it may prove a good thing, and while I am opposed to the idea that a potency of the 200th in alcohol given in large doses is a fair test of any remedy, yet I do say in all candor that I am willing to allow the same to be made to this Society and to be continued from year to year, and then we can draw from the completed work such facts as we need in our daily labors. But if we sit down upon this Cactus, upon this preliminary work of this new bureau, don't we do a good deal to stifle that investigation for the future which we are striving to gain?

Dr. Schneider—In the first place I don't believe in the work of that committee. I believe that the provings that were made with the 200th of Cactus were not provings of Cactus at all. I believe that the committee should be instructed in their future work upon Materia Medica so that the provings which they bring shall be made from appreciable doses of medicines, so that we may get the pathogenesis of the work and then get its physiological action, and not the moonshines that they have attempted to push off on this Society. It is a waste of paper.

Dr. Wells—I would like to know why the committee should resort to high potencies to get the pathogenetic effects.

Dr. Baldwin—I move that the paper on Cactus grand. be referred to the Publication Committee.

Dr. White—I move to lay it on the table.

On the statement from the Secretary that the Publication Committee makes its own selection of papers referred to it for publication, the paper on Cactus was referred to the Publication Committee.

AN INVOLUNTARY PROVING OF HELLEBORE.

R. N. WARREN, M. D., Wooster.

February 14th., 1888, at 10 p. m., I was called to see Mrs. F., who, the messenger said, was very ill, and needed my immediate presence In 15 minutes I was by her bed-side. She was sitting up in bed, suffering from extreme nausea—making frequent and almost continuous attempts to vomit, very little being expelled, however, probably owing to the fact that she had already thrown up all or nearly all the contents of the stomach before my arrival.

She was perfectly conscious and complained of great oppression in the upper part of the thorax, a kind of smothered sensation—breathing short, rapid, and panting. She kept repeating, "I feel as if I must die. I cannot live." A terribly distressed look was on her countenance, her face was pale and haggard. I could scarcely find the pulse at the radial artery; when found, I was shocked to find it extremely slow and feeble. From her looks, I expected to find it feeble and rapid. What made the pulse so slow? What was the matter with my patient? She was very sick and needed prompt relief but the cause of her distress I knew not. About this time her husband, who had gone to the kitchen for a cup of water, was taken ill and began vomiting. Mrs. F. then said they had both taken "Composition Tea" before going to bed, to break up a bad cold. I immediately ordered the messenger to go for another physician to assist me, and requested the daughter to look for the box or paper from which they had taken the powder said to be Composition." She brought the paper and on one corner was marked "helboe." Here, then, was the secret of all this trouble. Hellebore nig. was the drug taken by mistake. Mr. F. had evidently taken a larger dose of the drug than his wife, as he was nearly paralyzed. When found, his face and back of his hands were dripping with perspiration; the same pale, haggard look, with pulse feeble and slow, He was sitting in a chair when I first saw him, eyes staring, mind wandering, and evidently hearing and sight both temporarily suspended; a shudder or light spasm passed over him and we thought him dying. We laid him on the lounge, lowered his head, and in a few moments he returned to consciousness. Soon they were both taken with purging and pain in the bowels—vomiting continued. I gave them both freely of milk, and encouraged the vomiting by salt and mustard, one teaspoonful of each in cup of warm water. Dr. Barret having by this time arrived and after a very hurried consultation, we concluded that our patients had been relieved of all the poison except what had been absorbed. We therefore administered whisky in small doses frequently repeated, and a little later gave them each a Hypodermic injection of Morphine 1-6 and Atropia 1-180 gr. They both made a good recovery although they remained weak for two or three days.

This short but very heroic proving of this drug would suggest very forcibly to my mind that Hellebore ought to be a capital remedy for some cases of cholera morbus and cholera infantum with great prostration and collapse, The slow and feeble pulse, [40 per minute], was a marked symptom in both cases, and continued for some hours after we considered them out of danger. Cowperthwaite says of Hellebore, "It acts especially upon the kidneys and the serous membranes, giving rise to dropsical effusions, etc."

I am quite sure the primary effect of large doses is on the digestive tract, and probably the secondary effect is on the serous membranes.

Mr. F. says his family tell him of many things said and done during the time he was under the influence of the drug, of which he remembers nothing.

A prominent symptom with Mr. F. was, when raised to an upright position he would become unconscious.

C. L. CLEVELAND, Cleveland.

I have a negative report to make, that is to say, I haven't anything to say except to present my reason why I have nothing. While I was mapping out my work there was a sudden sickness in my own family, and the sudden death of my father. This, with the many added responsibilities entailed, have crowded out my anticipated Materia Medica work.

MAGNESIA PHOSPHORICA.

H. C. ALLEN, M. D., Ann Arbor, Mich.

I have been at work during the year on a proving of Magnesia Phos. A proving has been made or attempted to be made by thirty-seven provers, no one of whom knew what he was taking. Out of the thirty-seven I have only five who had reported any symptoms whatever. The drug was prepared by H. M. Smith, of New York, and especially triturated for this work. Hence I deem the work to be reliable.

Authorities.—C. Hering, M. D.; W. P. Wesselhœft, M. D.; J. C. Fahnestock, M. D.; Mrs. ——, Dr. Fahnestock's prover; Mr. L. L. Helt; Rev. C. L. Reinke; H. C. Allen, M. D.; S. A. Jones, M. D.; A. P. Davis, M. D.; D. C. McLaren, M. D.; Frank Powell, M. D.

Many of the symptoms here given are from Hering's collection of clinical results from the observation of himself and several German physicians as recorded in Schuessler. The new symptoms added are from recent provings, but we have only published those which have been confirmed by other provers or verified in practice. Many energetic provers, both men and women, are now engaged in the work, and the fragmentary indications here given will enable our readers to prescribe it with some degree of accuracy. If clinical confirmations are sent us—the symptoms of the cases being carefully written—we will soon have sufficient evidence to warrant us in adding Magnesia Phosphorica to our list of polychrest remedies.

Among the so-called tissue remedies, introduced by Schuessler, are a few which had previously been well proven and had done heroic service in many a hard-fought contest—for instance, Calcarea Phosphorica, Natrum Muriaticum, Natrum Sulphuricum and Silicea. But there are others which have been used from the empirical standpoint or tissue basis of Schuessler; or from a supposed knowledge of their action based upon what we know of their individual pathogenesis and which have many splendid cures to their credit. This method of selecting the remedy, however, takes much for granted, and at best is very crude, uncertain and empirical.

Magnesia Phos. deserves and, I think, will well repay a careful proving. It has a few clinical symptoms of great value which I have repeatedly verified in some cases of severe neuralgia, and to which I wish to call the attention of the Society.

It is a maxim that in mathematics three points of rest are sufficient to support a body; and in therapeutics three well verified symptoms are often sufficient on which to base a prescription and warrant the prescriber in predicting a cure. In Magnesia Phos. these clinical symptoms appear to be the "red strand" of the remedy—the modalities of the drug—and hence are all the more valuable and reliable from a therapeutic standpoint.

CHARACTERISTIC.

It appears to act best in lean, thin, emaciated persons of a highly nervous organization.

Affections of the right side of the body: of head; face; chest; abdomen; ovary; sciatic nerve (Bell., Bry., Chel., Pod., Lyc.).

Pains: sharp, cutting, piercing, knife-like; shooting; stitching; lightning-like in coming and going (Bell.): squeezing, constricting sensation (like Calc., Sulph.); intermittent in character, becoming almost intolerable in paroxysms, and like Kali Bich., Lac. Can. and Puls., often rapidly changing place.

Cramping pains in neuralgic affections of abdomen and pelvis.

Great dread of cold air; of uncovering; of moving.

Attacks are often attended with great prostration and sometimes with profuse sweat.

Complaints from standing or working in cold water (Cal.).

Abdominal pains radiate from the umbilical region, are attended by flatulent colic, relieved by heat, by pressure, and by bending double, like Colocynth, Plumbum, Podophyllum.

Aggravation: motion; lying on the back, stretched out; cold air; a draught of air or cold wind; cold washing; touch.

Amelioration: heat; warmth; pressure.

MIND.

Illusions of the senses; sobbing.

Laments all the time, about pain, with hiccoughing.

Has to scream out, with cramps in abdomen.

What I could previously "study," memorize easily in ten minutes would take me three hours, and I would then not more than half know it.

Drowsiness, on every attempt to study. (10th day.)

Depression and anxiety.

Very forgetful. (10th day.)

HEAD.

Headache: pains shooting, darting, stabbing, shifting; intermittent and paroxysmal.

Headache: excruciating: spasmodic; neuralgic or rheumatic; always relieved by external application of warmth.

Nervous headaches, with sparks before the eyes; diplopia.

During the night, severe throbbing pressure on the vertex, left side, deep into the brain. (2d day.)

Dull headache, as if the brain were too heavy—after protracted mental effort. (5th day.)

Headache better towards evening but changing into a pressure above the eyebrows, especially right. (5th day.)

Headache: a dull, drawing pain about the middle of the head, felt early on awakening; seems to be connected with dyspeptic symptoms.

Headache; a dull weight in the head after mental labor. (8th day.)

Pressive pain in the head, down through the middle of the brain. (9th day.)

EYES.

Double vision, horizontal (Gels.); sparks (Cal. f.); rainbow colors; photophobia; diplopia.

Eyes sensitive to light.

Pupils contracted.

Dullness of vision from weakness of the optic nerve.

Nystagmus; strabismus, spasmodic; ptosis; drooping of the lids, worse right side.

Spasms or twitching of the lids.

Neuralgia: supra-orbital or orbital; intermittent, darting, lightning-like pains, worse on right side or entirely on right side, relieved by warmth, exquisitely sensitive to touch.

Increased lachrymation, with the neuralgic pain.

Itching and heat in the lower left eyelid. (5th day.)

EARS.

Nervous otalgia, intermittent and spasmodic; ameliorated by heat.

FACE.

Neuralgia: supra- and infra-orbital; of right side; intermittent, spasmodic, darting, cutting, lightning-like pains, aggravated by touch and pressure and relieved by warmth.

Boring, pinching, "nipping" pains, driving out of bed and soon spreading over entire right side of face.

Neuralgic pains of right side, from infra-orbital foramen to incisor tooth, gradually radiating over the entire right side of face, aggravated by touch, opening the mouth to eat or drink, cold air, walking or riding in a cold wind.

Faceache, worse when body gets cold.

Face distorted from pains and weakness; crampy colic.

Lockjaw.

Hydroa on the upper lip (Rhus.—lowerlip, Ign., Nat. m ,).

Convulsive twitchings of the angles of the mouth.

Neuralgia; from washing or standing in cold water (Cal.).

Case One.—Mr. J. M., a gentleman aged 72, spare and thin, of medium height, by occupation an architect, was attacked in September, 1885, by violent neuralgia of the infra-orbital nerve of right side. He is a plain liver, using neither coffee, tobacco, nor stimulants of any kind, very regular and methodical in all his habits and had for years enjoyed most excellent health, hence was at a loss to account for this attack. He felt as well as usual, no inconvenience or pain whatever until on opening his mouth to take the first mouthful of breakfast, he was suddenly attacked by severe lightning-like pain extending from the right infra-orbital foramen to the bi-cuspid tooth. On closing the mouth and applying hot water, the severity of the pain was mitigated and he was soon comparatively free unless he attempted to eat or speak. Under Belladonna 200 the pains gradually decreased in severity and he could partake of liquid food, but for several weeks was unable to chew solid food. His teeth (at 72) are sound and have never troubled him, and a careful inspection by the dentist failed to detect a cause of the pain in a disease of fang or alveolus.

In February, 1886, as a result of facing a severe cold wind while walking, he had another attack of neuralgia of right side of face, worse when attempting to eat, from touch, cold water and when walking against the wind—could not bear the least cold air. Aconite 30 now gave very prompt relief and in a few days he was himself again.

A few weeks later another attack on same side of face appeared, decidedly intermittent in character, coming on promptly at 6, and gradually disappearing about 10 A. M This was attended by great aggravation from touch, could not wash the right side of the face, even the slightest touch of the whiskers was sufficient to bring on severe, lightning-like, lacerating, stabbing, or as he expressed it, "nipping" pains. From the early morning aggravation, the periodicity and the extreme sensitiveness to touch, I gave him Chininum Sulph., 200, with gradual relief. But as the severity of the pain in the face disappeared the right deltoid muscle became affected; not only was it very painful, with entire inability to raise the arm, but nearly paralyzed the arm; could neither feed nor dress himself. Rhus, Sanguinaria, Plumbum, Ferrum and Tarantula, as the indications appeared to call for, were successively exhibited, with only partial relief. The shoulder was still lame and painful and the face more than occasionally grumbled.

The next attack a few weeks later had the following peculiar symptoms: Pains, supra- and infra-orbital, extending to all the front teeth of right side; intermittent stabbing, "nipping," lightning-like, and extremely sensitive to touch; relieved by heat and pressure; coming and going suddenly and attended by marked prostration and profuse night sweats. When the pains in face were most severe the shoulder was comparatively free, and *vice versa.* No thirst, appetite and taste normal, but obstinate constipation; stood hard, small balls, difficult to expel and no inclination whatever. Here was a totally different picture, and evidently a difficult totality to cover. Magnesia Phos., 200, promptly gave relief; not only the terrible neuralgic pains but the lame shoulder as well have remained entirely free to date. The doctor was relieved as well as the patient, at the happy termination of the case. It was one of the worst cases I have met for years. A slight "nipping" returned in March, 1888. He came in and asked for another dose of the same medicine, remarking. "Make it as strong as you can, Doctor." Dr. Tyrrell, of Toronto, had in the meantime potentized it for me so I gave him a dose of the cm., the "strongest" I had and he has had no symptoms since.

Case Two.—A lady aged 26, of dark complexion, dark hair and eyes, seven months advanced in her first pregnancy, had suffered terribly for four months from neuralgia of right supra-orbital region. When she came under my observation the pains were pressing, drawing, band-like, at times extending into jaws and teeth, worse at night and confined entirely to the right side of face. A few doses of Chelidonium gave relief for three weeks, when it returned in the following manner:

Pains darting, lightning-like, intermittent, suddenly appearing and disappearing, relieved by hot cloths and pressing or lying on the affected side. Magnesia Phos. 200, now gave prompt and permanent relief; and with it disappeared an obstinate and annoying constipation, which, despite several well-selected remedies, had persistently followed her during her entire gestation.

Dr. W. P. Wesselhœft reported a brilliant cure of a case of neuralgia.

"An old lady of 66, thin, spare, I saw her for the first time about six years ago (June, '87). Pains were excruciating, had lasted for weeks, were entirely on the right side of the face, intermittent, spasmodic, lightning-like and relieved by heat. Magnesia Phos. gave prompt relief and effected a wonderful cure."

TEETH.

Toothache; worse after going to bed; changes place rapidly; worse eating or drinking, especially cold things, ameliorated by heat, (ameliorated by cold, Ferr. Phos., Bry., Coff.) Teeth sensitive to touch or cold air.

Complaints of teething children; *spasms during dentition without febrile symptoms* (with febrile symptoms, hot skin, hot head and rapid pulse, Bell.).

TONGUE.

Tongue coated slightly yellow, with crampy colic; clean or slight coating with pain in stomach; coated white, with diarrhœa.

Taste as of sour bread; slightly bitter; as of bananas, although not a whole one had been eaten at dinner the day before.

Heavily coated tongue.

THROAT.

Spasms of the glottis, with suffocating sensation.

Spasmodic constriction of throat on attempting to swallow liquids, with sensation of choking

Flow of mucus through the posterior nares into the throat, accompanied by sneezing and tingling in the nose and on the tongue.

DESIRES: AVERSIONS.

Little appetite; faceache.

Appetite; unusually good, but food disagreed leaving an uncomfortable feeling all the forenoon (10 P. M., 3d dose).

No appetite; with pain in stomach and colic.

Great aversion to coffee.

Acids taste stronger than usual. (5th day.)

Appetite is improved, notwithstanding the great heat which had diminished it. (5th day.)

Appetite variable; could hardly wait for breakfast and yet was not disposed to eat much.

STOMACH.

Spasmodic sobbing for three days, ceased with the second dose in water.

Singultus thirty times in a minute; for sixty days life in danger. Magnesia Phos. soon restored to health.

Hiccough with retching, day and night continually for three days; ejected matter was coagulated milk, bile and mucus with great pain, so that she had to lament all the time.

Distension of stomach; very restless

Spasmodic pains in stomach, with clean tongue.

Pinching pain in the stomach with slight gaseous eructations, very little at a time which afford no relief.

Intermitting, shooting, cramping pains in region of stomach and epigastrium, extending sometimes toward the back or abdomen.

Flatulent distension of stomach with constrictive pain, relieved by warmth and bending double.

Eructation of food tasting of the ingesta.

Gastralgia: soreness and extreme sensitiveness of epigastrium to touch; sour eructation and sour vomiting; at 12 M. every day ameliorated by eating (Chel., Sep.).

Cancer of the stomach; intolerable, burning pain; vomiting; singultus: after Arsenicum and other well selected remedies failed, patient was relieved and made comfortable for six months by Magnesia Phos. (Frank Powell.)

ABDOMEN.

Severe, griping colic pain, at times shooting upwards towards the stomach, ameliorated by hot applications.

Abdominal pains caused great restlessness; walked about hurriedly, said he must have relief; lying on stomach gave short relief, but in a few minutes the pains compelled him to walk again.

Colic pain; generally radiating from the navel, lessened by bending double or from pressure of hand (Col., Plumb., Pod.); often accompanied by a watery diarrhœa.

Colic pains, spasmodic, intermittent, lessened by bending double.

Colic in region of navel, has to double up.

Colic; is relieved by bending double, rubbing, external warmth and eructating.

Wind colic of small children, with drawing up the legs, with or without diarrhœa, especially if associated with acidity.

Incarcerated flatulence; unable to pass it down or up. (Fischer.)

Cramps in abdomen, pains around the navel and above it toward the stomach and from thence radiating to both sides, towards the back; now violent, cutting, so that she has to scream out, then shooting and violent contracting like a spasm. She cannot bear to lie on the back stretched out, has to lie bent over. (Koeck.)

Much wind in the bowels. with disposition to stool but relieved by the passage of flatus (3d dose.)

Colic pains in lower bowels and moving as for stool ($\frac{3}{4}$ of an hour after 6th dose.)

Pain in bowels immediately after rising, occurring at short intervals.

Cramps and wind colic in horses; wind colic of cattle; meteorism of cows.

STOOL.

Immediately after breakfast, sudden diarrhœa: stools frequent; at first, thick, dark brown, mushy; then lighter, almost white and watery, finally mixed with blood.

Next day at 9 A. M., same diarrhœa returned, but in milder form; relief of pain while at stool, followed by chilliness; stools light-brown, then lighter and more watery.

At 5 P. M. return of pain in bowels and diarrhœa; stools brown, thick, bronze like and pasty.

Desire for stool after drinking sweetened coffee.

Stools loose, watery, with urging and pain in stomach.

Dysentery: with cramp-like pains, relieved by pressure or bending double; with spasmodic retention of urine, cutting, darting, lightning-like pains in hæmorrhoids.

Afternoon stool, very tedious, but profuse, with some pain in the rectum.

Itching and scratchy feeling in the anus. (9th day.)

Tedious stool, hard at first, soft afterwards, followed by burning in the anus. (9th day.)

URINE.

Spasm of the bladder; spasmodic urinary complaints, spasmodic retention; spasm of neck of bladder.

Nocturnal enuresis from nervous irritation; spasmodic retention.

When urinating, violent, shooting, burning pains; mucous discharge from the urethra.

Vesical neuralgia after use of catheter, sensation as if no muscular contraction.

A bright, shiny discharge from the urethra for three years, in an old man.

Deficiency or excess of phosphates. (J. C. Morgan.)

Gravel.

Restless sleep, from urging to urinate, the discharge scanty.

Cutting pain in the bladder before urinating (7th day).

FEMALE SEXUAL ORGANS.

Menstrual colic; ever since I began taking the medicine. I have menstruated from six to nine days too soon—the usual period being twenty-eight days from time it ceases until it begins again. The second was accompanied with great weakness and an intensely sore, bruised feeling all through abdomen, so that I could hardly be up at all, but was much worse lying down. This continued for two days. (At this time, the second period, I had not taken any of the medicine for a month.)

Menstrual colic; pain precedes the flow.

Menses: pain ameliorated by flow (Lach.--always feels best during menstrual flow, Zinc.).

The menstrual pains are cutting, drawing, pressing, cramping, intermittent, resembling the menstrual and labor-pains of Pulsatilla, but, unlike Pulsatilla, are ameliorated by heat.

Has cured many cases of membranous dysmenorrhœa; in fact some physicians prescribe it empirically for all forms of painful menstruation.

Dr. A. P. Davis, Dallas, Texas, thus compares Magnesia Phos. and Actea Racemosa according to his clinical experience:

"There seems to be a similarity between the characteristic indications for the use of Cimicifuga and Magnesia Phos.

In Cimicifuga there is more of a *steady pain* and in Magnesia Phos. a *shooting, darting "like-lightning pain,"* which comes and goes *suddenly*, yet, at the same time *not an entire cessation of pain.*

The pain of Magnesia Phos. seems to be in the ovaries and not in the "broad ligaments," nor so much in the cervix as in the fundus of the uterus, and seems to be more in the deeper structure, the muscular than the ligamentous, as is the case with Cimicifuga.

The action of Magnesia Phos is quicker than Cimicifuga. The experience I have had with Magnesia Phos. is that, the pains that come on several hours before the menses, are controlled better and sooner by the use of Magnesia Phos. than any other remedy. They affect principally the lower abdominal region and have a peculiarly indescribable character nearly all the time, and frequent shocking, darting paroxysms until the flow starts, then they cease. I subjoin a few clinical cases giving a general idea of the uses of the Magnesia Phos. that may be valuable to those unacquainted with, or unused to this remedy.

Case One.—Miss S., aged 22, brunette, short, plump, round body; large, active brain, intellectual; was since puberty troubled every month with dysmenorrhœa, beginning several hours previous, and during the first day of flow, with severe pains in the uterus, back and lower limbs, and these so severe that they seemed unbearable and hysteria seemed threatening In one of these *spells* I was sent for. Found the patient in bed; the feet had been bathed in hot water and hot cloths applied for hours to the lower abdomen; pains no better. I immediately gave her a large dose of Magnesia Phos., 6x. In less than half an hour the pains lessened; I repeated the dose, in a few moments the patient was easy, the flow began, and went on the usual time.

Next month I advised patient to begin the day before period and take three doses, and on the day period was to come on, take a dose every two hours. No pains this month. This process was repeated the third month; no more trouble and patient is now well and no return of pains for over three years.

The effect of Magnesia Phos. in relieving menstrual pains are decidedly satisfactory—I regard it as superior to Cimicifuga, even in neuralgia of the uterus. Ovaritis seems to be controlled by it from its effect, not only in relief of the pain, but curatively from its mechanical action on the walls of the blood vessels—contracting them, and thus relieving the congestion. What particular nerve influence it has, I am not able to comprehend, therefore to explain; but know that it must affect all those nerve centers from which the nerves are derived which control the sensation and nutrition of the female generative organs.

It affects materially, uterine engorgement resulting in induration.

Case Two—Married lady, having one child, had every month menorrhagia; twice the flow was so excessive as to cause fears of death. Upon examination found the uterus low down, swollen, the whole vagina filled with indurated uterus; tender, red orifice (os uteri) open about half an inch, inside filled up, outside congested. I began treatment with Magnesia Phos. 6x., three to four doses a day. No hæmorrhage next month. No pain, and in three months the organ was reduced to its normal size and patient dismissed, cured.

UPPER LIMBS.

Rheumatic pain in the left forearm from the elbow to the hand, most severe from the wrist to the knuckles, the skin of the fingers feeling as if stretched too tightly; followed by pain in the elbow joint and then in the wrist (after 2d dose).

Throbbing pain in the right wrist in the vicinity of the ulna (3d dose).

Tingling in the fingers of the left hand (after 5th dose).

Stinging pain in the first joint of the left thumb, extending to the nail, like that of a panaritium.

LOWER LIMBS.

Every night neuralgia, now in the lower limbs, in tibia or in thighs, now on the left, now on the right side, mostly with spasmodic muscular contractions; during the day perfectly well.

Tingling in the toes of the left foot (5th dose).

A slight bruise below the knee becomes very painful about ten hours after, as if rheumatism had settled in it.

Rheumatic drawing in the muscles between the right tibia and fibula, extending from near the knee to the ankle; painful on pressure. (4th day.)

NERVES.

Chorea; epilepsy; tetanus.

Convulsions: with pertussis.

Spasms: without fever; of teething children.

Crampy contraction of fingers; staring, open eyes, fifteen to thirty minutes duration.

Every twenty-three days spasms, fifteen to thirty minutes duration.

SKIN.

Barber's itch; herpetic eruption, with white scales.

One of my provers discontinued the drug "owing to a crop of boils that took possession of him, which terminated in a five week's attack of remittent fever."

SLEEP.

Drowsiness; fall asleep and awake as from an electric shock, and then become drowsy again.

When it was time to rise (6:30 A. M.,) felt very dull, unrefreshed and drowsy. (4th day.)

Awaken dull and unrefreshed, with uneasiness and bloated feeling in the bowels. (5th day.)

DISCUSSION.

Dr. Allen—In addition to the paper already read I would also like to call attention to the manner in which this remedy has been used successfully in a number of cases. One of the ablest physicians in Michigan uses no remedy now and has not for years for Spasmodic Dysmenorrhœa than Magnesia Phos. He had no provings of it whatever. He simply uses this remedy without any failures to report. He never stops to think; if a patient comes in and says she has Membranous or Spasmodic Dysmenorrhœa he puts them on this remedy. My idea was to get all the symptoms of this remedy so I could use it just as well as he. But I must say that I have not succeeded in doing as he has. Now, while I hold that Schusslerism is not Homœopathy, in fact it is everything else, I still maintain that there is an absolute necessity for the Homœopathic practitioner to take these remedies and prove them and find out what they are and what they will do. Simply because the remedy is a tissue remedy gives us no idea of its value in practice. We cannot use a remedy on its tissue basis. I brought along a preparation of Magnesia Phos.—this is only a fragmentary proving—and I ask every member of this Society to complete this proving of Magnesia Phos. I will give every member a graft. I will not give you a potency that will frighten you. We don't want provings from a drug so crude as put the prover on his back. We have no remedy to-day better proved than Pulsatilla and we haven't a symptom in the Materia Medica from the tincture.

Dr. Fahnestock—Dr. Allen sent out different preparations of this remedy to me for proving. He has given a partial report. I gave this remedy not knowing what it was myself, and only to-day knew what remedy it was. I prepared a few drops of alcohol with a little water and gave to one of the provers. I wanted to know whether there were any symptoms; there were no symptoms. I waited a little while when I gave the remedy, I never made mention whether there was any medicine in it or not. The case that Dr. Allen reports there was Dysmenorrhœa. I saw that lady this morning; the menstruation has come on four days previous to the usual occurrence; this had never occurred before. She always was perfectly healthy. Never had a pain in her life. Her menstruation began at 16. She never knew a time that her menses failed; always came on the 28th day. Since this proving every time it has been previous to the regular time with great distress all through the pelvis. I know in this case that I have a proving; there is no imagination about it. When she began taking the remedy she had not taken a remedy for some time and the effect of the remedy seemed to go right to work with her. It seems to be really a tissue remedy. The remedy is deep acting. There is considerable similarity to Silicea.

BUREAU OF GYNÆCOLOGY.

ORPHA D. BALDWIN, M. D., Chairman, Cleveland.

A. CLAYPOOL, M. D., Toledo.

C. E. WALTON, M. D., Hamilton.

J. A. MITCHELL, M. D., Newark.

THAT CORSET.

ALBERT CLAYPOOL, M. D., Toledo.

The report of Dr. Claypool's payer is stenographic. In the hurry of leaving home he brought the rough draft of his paper, and when he returned home found that the finished copy had been destroyed.

PUBLISHING COMMITTEE.

Ever since Mother Eve clothed herself in fig-leaves in the Garden of Eden, the dress of woman has been a thing of great interest to a majority of persons in all civilized countries. The great interest taken by the masses, particularly with women themselves, is based on the effect which such dress has upon personal appearance. The objects sought to be accomplished by dress are comfort, health and looks; the physician is supposed to look on the matter in the light of health and utility. The articles composing a woman's complete outfit in dress are many and mysterious, and I am free to confess my inability to enter into any intelligent consideration of many of them. But there is one prominent article of apparel in most women's houses, that I have heard condemned without stint wherever the question has come up for discussion in a medical society. I don't remember ever having heard it defended by any prominent physician in any such discussion. I allude to that most popular article of dress, the corset, supplying as I think a useful and beneficial article of wearing apparel for our women. I feel like calling a halt to the tirade of abuse against it; at least I ask that both sides of the question be honestly and fairly discussed. I propose to offer discussion—and the whole object of this paper is to start a discussion on the subject—I propose to offer for such discussion a few propositions. Is the corset as an article of wearing apparel for women a cause of injury to most wearers? If not an injury, is it a conservator of health? If beneficial to health why and to what extent? When injurious, is it the use or the abuse of the article that is at fault? I wish to place myself on record as saying that if properly made and properly used —and I maintain that it can be both properly made and properly used —it is a source of comfort, and, as a rule, beneficial to the health, and that just as long as the present mode of dress is in vogue, something of the sort should be in use by most women. Therefore, I say that as a rule the corset is not a source of injury to the wearer. I believe it protects the pelvic viscera because it prevents the weight of manifold garments hanging from hips and shoulders from impinging on the pelvic viscera, and in that manner prevents the weight of the clothing from forcing the abdominal viscera down into the pelvis.

It affords a convenient and pleasant support for the mammary glands, and protects them from bruises and irritation from clothing suspended from the shoulders. As to the abuse of the article, if any of you will give the subject thought and investigation you will most certainly learn that the corset as an article of wearing apparel is a much abused thing. In the first place the manufacture is faulty, the material is not porous enough to allow a free ventilation or escape of the exhalations of the body, and in hot weather tends to much irritation. I maintain that the material used should be perforated, and there is no doubt that such material can be as easily used as any other. Flexibility should be a salient point in the material used. The corset should be made to fit the body; and not the body to fit the corset.

DISCUSSION.

Dr. Barnes—I don't really suppose the Doctor is in earnest in what he has said, and yet perhaps he was. I am not going to lampoon the corset according to the common plan. It is well remarked that they are not injurious if they were not abused. Now, I never saw one but what was abused. I never saw a woman yet with a tight corset but that she would tell me that she always wears them loose, so loose that she could get her fingers and hand under them to show me they were loose, My objection is that they are a great injury to the breathing—an obstacle to natural breathing. What is natural breathing? How does an animal breathe? Did you ever see a woman who did not breathe entirely with the upper portion of the chest? Did you ever notice a horse breathe? If it heaved its chest out every time it breathed you would say it was sick, wouldn't you? You look at a little child, and you see no heaving there. You see the motion of breathing down here. (indicating the abdomen,) but by the time that you put a corset on that little child, if she grows up, if you don't pinch it up when you begin, you get it so she can't grow any more. Then in breathing she can't move her stomach any more. The muscles of the abdomen cease to have a function to perform, and for that reason every woman that you know breathes in that strained way, and that is a sure sign that she wears a corset, that the corset is not put on right and is abused.

Dr. Emma Hartwell—Dr. Barnes is evidently not very well acquainted with modern women and modern fashions or he would not have stated that he never saw a woman who breathed below the corset line. I wear a corset and have taken notice for the last few moments in regard to my breathing and I discover no difference between that above and that below the corset line. The Doctor if he should examine into the matter carefully would probably find that the fashion of the present day is not to have a very small waist. I agree with Dr. Claypool that the corset rightly used is a benefit to a woman, as it does help to support the clothing.

Dr. Owens—Let them wear waists instead of corsets, with all due deference to the lady's opinion.

Dr. Derby—I think there is a decided mistake somewhere. The corset is certainly injurious. There are women, no doubt, as the Doctor has said, who wear it properly, but take the majority of them and it does them great injury. They say it supports the clothing; the clothing ought not be supported from that point. Dr. Barnes spoke of one point which to me is very important. In my experience and practice among those who have worn the corset, although they do it in a measure sensibly—where there is no lacing—yet they do not know how to breathe. They can't do it properly in a corset. Just as they get to a certain point they can't breathe any further, it makes no matter how loosely they wear it; it will injure the breathing. The stays that are in front of the corset will press upon the contents of the abdomen in order that the corset may be made to fit the body. As far as its being a support for the clothing I don't believe it. I don't believe it does any good in that way at all. It simply presses down upon the abdominal viscera in front and increases the pressure instead of relieving it. You will find that in almost every case it has produced injury. I don't believe in it and won't wear one.

Dr. Palmer—I have had some experience in using peroxide of hydrogen in lung troubles, and I have found it necessary to order my lady patients to take off the corset, because it is almost impossible for them to breathe. It has been demonstrated in one of the journals of New York that the lung capacity of those who wear corsets, or those who wear very tight dresses, was at least one-third reduced.

Now, I don't know that we can blame that all to the corset, but we can certainly lay it to dress. The corset has come in for more than its share of blame. If it be true that the pressure exerted by the corset is directly upon the abdominal region then this last lady's remarks are correct. I must say that I have never seen a corset yet but what brought more or less pressure upon the abdominal region. In reference to its being supported upon the hip bone, I don't know but that there may be corsets made of late years that go down to the hip; but formerly they didn't do it, the design then was to make the waist as small as possible and of course that would press on the hip bone; but in front and in the back they must fit snug. Now every one knows that the lower part of the abdominal region in ladies has not any too much strength, and we hear a great deal said about kneading and developing the muscles of this region to get rid of certain weaknesses. My experience with corsets would, therefore, be contrary to the views expressed in Dr. Claypool's paper.

Dr. Tracy—I have heard it said that men breathe differently from women, that men breathe with the abdominal muscles while women breathe more with the chest. I never wore a corset in my life. When I heard the discussion I noticed that I breathed the same as the men do. Speaking of styles I have noticed lately that there is a style of wasp waists coming into style again. I have seen it this spring. It made me fairly sick to look at it. I think that the corset is a great objection to the health of the woman.

Dr. Owens—In regard to wearing bodies. Many ladies are wearing waists which give no pressure at all on the abdominal muscles. I might indicate a family who never had a corset in the house. They are women as strong as men ; they are good workers, they have good waists, and all of these women who are mothers are in good health ; mothers who never had on a corset in their lives ; they have always worn these waists and suspended their skirts from the shoulders. I have heard them say that it gives them more comfort. These women are as healthy and stout as any you can find anywhere, and the result of that is that three of them are mothers and all of them have healthy children and no inconvenience whatever I repudiate the corset among all my friends as far as I have any influence.

Dr. Cleveland—There is one little point which has not been made and that is the effect of the corset upon the muscles of the back. This is best illustrated by the way these ladies play lawn tennis Instead of stooping naturally and bending over they bend in such a way as that the functions of the muscles of the back and spine are interfered with. They can't bend over properly.

Dr. Claypool—Of course in this discussion I am somewhat handicapped because there are some features of it in which I have necessarily had no experience. But there are some few points that I want to make. My object in writing this paper was to make this discussion, more than for any other purpose, and if it had fallen without any debate I would have gone home feeling badly; now I feel first-rate. I still think the corset is a pretty good thing. Several of the speakers here have stated that it causes sickness and shortens life. If I am not mistaken statistics tell us that women are longer lived than men, that we have more women than men; and, hence, if it were not for the corsets we would soon outnumber the women.

VAGINAL HYSTERECTOMY.

CHAS. E. WALTON, M, D., Hamilton.

The object of this paper is to call attention to a method of operation which is commended for simplicity of detail and comparative ease of execution. You are doubtless familiar with the old method of dissecting the bladder from uterus; opening into Douglas' space, passing two fingers over posterior surface of uterus into the anterior cul-de-sac, using them as a guide for incision of the peritoneum; retroversion of uterus through opening in Douglas' cul-de-sac; ligation of broad ligament in sections, and final separation of uterus from all attachments. He who has experienced the difficulty of making three-inch fingers reach over the fundus of a four-inch uterus, has perspired over the ligaturing of artery, ligament and tube, will be glad to learn of an easier method. The instruments *essential* to facile operation are the stirrups, the speculum and the hæmosattic forceps. I have here a pair of pocket stirrups adjustible to either bed or table, with which in the most meagerly furnished house you may have at command a comfortable operating table. With these there is absolute security of the feet combined with ease to the patient and freedom of the assistants.

Next, the speculum. Here is a speculum with a blade adjustable to any angle and a hook on the handle for hanging the retaining weight. For the retraction of the perineum in operations upon the cervix or vaginal vault this is the best instrument yet devised; it is an assistant which neither tires nor obstructs the field of operation. It is known as the Jones speculum and is manufactured by Autenreith, of Cincinnati.

The forceps. These are strong forceps with straight blades having a bite of two-and-a-half inches. They should have a vertical curve and a three-and-a-half inch bite. With these the entire width of the broad ligament with its contents can be securely compressed.

We are now ready for the operation. The patient is placed before a good light on her back with feet spread apart and secured in the stirrups. Strong Museux forceps grasping the cervix firmly drag the uterus well down to the vulva and are held by an assistant. The speculum retracts the perineum and the field of operation is well illuminated. A sound in the bladder guides the dissection of that viscus from the uterus, and the uterus is freed down to the broad ligament. The posterior cul de-sac is opened and the incision carried to the lateral border of the uterus. The hæmostatic forceps are now introduced through the incision to the anterior and posterior surfaces of the broad ligaments and fastened. Nothing now remains but to dissect free the lateral borders of the uterus, when the organ is drawn out through the vulva. No sutures are used, the forceps are removed in thirty-six hours, light antiseptic tampons occupy the vagina, cleansing irrigations are made daily, and if all goes well the patient is out of bed in fifteen days.

A few months ago I operated on a woman some 45 years of age, the mother of four or five children, the subject of hystero-epilepsy since the age of 18, the victim of a carcinomatous cervix. Since the operation she has not had one spasm and feels better than for many years I believe the operation here described will commend itself to every practical operator who recognizes the desirableness of that *technique* which insures both ease and speed of operation.

DISCUSSION.

Dr. Porter—Had I known that this subject was to have been discussed I would have come prepared to exhibit some instruments which I have made for the same operation. I realized the importance of the clamp and therefore have had made a clamp after the first or second operation, larger than the one exhibited by Dr. Walton. I realized that it was very important to simplify the operation, if possible, to keep the patient under the operation as short a time as possible. I learned that the large majority of physicians use from one to two hours in dissecting out the uterus. The first case was fatal in result. After the first operation I recognized the value of the clamp manipulation instead of ligature; but the clamp I had made was capable of much more power than the one exhibited. The first steps of the operation were the same as Dr. Walton's, but in preference to the speculum I used my two fingers. I use a pair of scissors with a tenaculum on the point at right angles to the handles; with these I hold the tissues. In this way you can pass readily into the anterior cul-de-sac. Just as soon as this point is entered into I use a pair of small serrated scissors simply a pressing surface—and thus avoid all hemorrhage. I simply pass one blade into the posterior opening, and one into the anterior, and shut down my clamps and take these serrated scissors without any ligature or clamp. I then simply roll up my clamp, cauterize the wound and use the clamp for the other side. In the last operation I occupied 27 or 28 minutes, whereas before that I used to take an hour or an hour and a half. I use no ligature at all, and leave nothing in the vagina, not even a tampon or anything of the sort. In one case I remember, the second one I had I believe, I found a fib-roid tumor in the posterior sac which annoyed me a great deal because of the need to dissect out the tumor first. With this clamp matters are simplified a great deal. My clamps, as I have already said, have a slight curve on their scissors end which enables me to work around the surface of the uterus without entering the bladder or going into the rectum on the under side, and saves all these manipulations and using of the finger nails. I use the actual cautery or electricity.

DR. BIGGAR—I have been interested by the report of the successful case of Dr. Walton's in regard to the new instruments which he has brought forward and the method of operating. It is certainly very simple, complete and satisfactory, this doing away with the ligature. I think the most satisfactory forceps are the curved hæmostatic forceps which accomplish far more than those that are straight.

SANITARY TREATMENT OF UTERINE DISEASE.

ORPHA D. BALDWIN, M. D., Cleveland.

Believing that the first duty of the true physician should be the prevention rather than the cure of disease, I ask your consideration in the short time at my disposal, to a few thoughts, not new ones, (for there is nothing new under the sun,) on the Sanitary Treatment of Uterine Disease, with the hope that I may so interest you that when our annual meeting is over, and you are again busy with your daily routine of professional work that you will not be unmindful of this neglected branch of our many-sided work.

Prominent among the causes of Uterine Disease may be mentioned:

1. Inherited tendencies.
2. Insufficient food.
3. Neglect of out-door exercise and physical development.
4. Excessive mental development.
5. Improprieties of dress.
6. Habitual constipation.
7. Carelessness during menstruation.
8. Imprudence after parturition.
9. Injuries received during labor.
10. Prevention of conception and frequency of abortion.

The proper discussion of any one of these causes would consume more time than will be occupied by the entire Bureau of Gynæcology, therefore you will pardon me, I trust, if I fail to give you help on the particular cause which has given you the most anxiety.

The Gynæcologist of to-day who neglects keen and searching inquiry into causes is often baffled in his efforts to restore the health of his patients. To obtain a complete history of a case, it is necessary to make careful inquiry not only in regard to the health of our patient, but also that of her parents and perhaps that of the grandparents; for although the law of heredity has never been clearly formulated the thoughtful physician is almost daily confronted by sufficient facts to confirm his belief in the law which says "the sins of the fathers and mothers are visited upon the children and upon the children's children unto the third and fourth generation."

Formerly it was thought sufficient if the parents simply possessed physical health, but at the present time, it is considered of equal importance that during the period of gestation, at least, the mother should be relieved from violent or protracted exercise and shielded as far as possible from sudden shocks which are almost certain to operate unfavorably upon the unborn child.

In a small proportion of cases we note with pleasure a careful observance of moral and intellectual culture which seldom fails to mold the tastes and refine the sensibilities, and in other ways prepare the coming generation for a high appreciation of the virtues and duties of life.

In an interesting article on "First Causes of Structure and Character of the Embryo," read before the Western Academy of Homœopathy, O. P. Baer, M. D., of Richmond, Ind., (*U. S. Medical Investigator*, No. 208, p. 151,) says: "I hold it as a moral and Christian duty for the physician, as a philanthropist to his race, to instruct all young married partners how to beget their offspring, that they may improve the race and not retrograde it. Before this age of rationality, mankind were too superstitious to heed any practical suggestions on this most sacred of all subjects We are fully able to bear it now, and profit by the lessons deduced from experience and common sense. To the medical profession, far more than to the religious teachers, belongs this important mission of philanthropy."

If we, the members of the Ohio Homœopathic Medical Society, give this one subject the attention it deserves, our power for good will be felt not only in the State but in the nation.

That women do not spend sufficient time exercising out of doors is generally conceded, but it often requires more tact and more perseverance on the part of the physician to overcome this bad practice than it does to select the proper remedy to assist nature to restore the health. How many times during the year just passed have you heard the busy mother say, "By the time I get Mary and Johnnie and the twins ready to go out for an airing, I am too tired to enjoy a walk or even a ride, so I just stay at home."

It is often useless for the physician to suggest less tucks and ruffles and furbelows, less indigestible dishes for dinner, less bric-a-brac the proper care of which makes serious demands upon the time that might otherwise be given to exercise outside of rooms heated to 70° or 80°, which, if not absolutely injurious is not conducive to health, but the perceptible improvement which usually comes to those that follow this advice fully repays him for his efforts.

The women who neglect or are prevented by any cause from taking this beneficial exercise are peculiarly subject to excessive Ovarian and Uterine Congestion at the period, and too sluggish circulation in these parts at all times, a condition which the valveless veins are unable to prevent or to correct.

During the last decade or two there has been a steadily increasing interest in rowing, walking, skating, lawn-tennis and archery, but to produce the results which might be reached, more rapid strides will have to be made than have ever been in any given space of time.

Failing to get our mothers to indulge in this exercise, if we can persuade them to use at night a warm sponge bath of water strongly impregnated with sea-salt, and follow it with thorough friction, we will, to a limited extent, overcome these bad results.

This neglect of physical exertion is highly conducive to intestinal inactivity, which, of itself, is a frequent cause of Uterine Disease. Were we to judge by the practice of the masses "an open state of the bowels" is the indispensable condition of their physical well-being. With this object in view, they use an innumerable number of cathartic compounds and patent medicines which are often prescribed by some friend as a sure cure.

Although the waste from the food is only 6 oz. daily, while that of the skin is $2\frac{1}{2}$ lbs , it is often impossible to persuade people to expend a little of their surplus energy on the latter, while Nature is given an opportunity to care for the former.

When sufficient consideration is given to preventive medicine, the mothers will wisely teach their little ones that the detrimental habit of disregarding the daily requirements of personal health will surely bring disease and premature decay.

Until that time, the family physician must not be unmindful or neglectful of his responsibility. He must educate the fathers and mothers so judiciously that they will be prepared to intelligently instruct their children.

Those who use cathartics most frequently, are always willing to testify that their action is followed by constipation, a condition that is often more lasting than the action of the purgative. Notwithstanding all this testimony, the demand for purgatives is brisk.

We often hear the cause of ill-health placed at the door of the public school or the college. I firmly believe this is too often an injustice. Granted that the public school system is far from perfect, do those who hold this opinion ever honestly weigh other possible factors which conspire to produce ill-health among our school girls? Are they careful enough to inquire into the social life of the girls committed to their care? or making such inquiry are they honest in their estimate of the existing indiscretions here that slowly but surely sap the vitality of our maidens?

Do they thoughtfully ask in regard to the quality and quantity of food which young girls take, and learning that it is coffee and gingersnaps for breakfast, mince-pie, cake and pickles for lunch, and a variety and amount for the 6 o'clock dinner that would daily overtax the digestive powers of even a day laborer, do they insist on a more nutritious and easily digestible diet?

Do they inquire how many hours are daily given to piano-practice, or fancy work, or painting or novel-reading, and advise that one or all of these be discontinued?

Parents must be taught that until their daughters are at least 18 years of age, that late hours, insufficient sleep, social dissipation, and novel reading cannot be indulged in except the strength be exhausted and the health ruined. These habits the parents are directly responsible for, and when they are corrected, there will be fewer girls whose health will not be sufficiently strong to enable them to successfully complete their education even if they take a college course.

Mothers usually dress their little daughters in quite a sensible manner, but when puberty is reached or soon after, their vital organs are too often tilted at an invalid angle by high-heeled shoes and compressed by one of the numerous health corsets to which are attached the patent side action hose supporters which gives added pressure over the ovarian region for 14 or 16 hours out of every 24, is it any wonder that so many girls succumb to these enervating influences?

I am often urged for a favorable opinion on corsets, but the more experience I have the more firmly fixed is my belief that they are of no possible benefit to any woman. I regard them as the most unnecessary, the most harmful article of clothing that was ever inflicted—yes, that is the proper word—inflicted upon woman. It is no easy task to make the necessary changes, to adjust the clothing to a waist after a corset has been worn; hence mothers often refuse to make any change in their dress, but if we will use our influence to keep young girls out of this harmful article, much good can be accomplished.

The hose-supporters worn over the shoulders are very fine in theory, but place them under a snugly fitting corset and five or six bands, and they are far more harmful than the old fashioned garter, which, if worn above the knee cannot do much mischief.

A less injurious manner of supporting the hose is to use safety-pins to fasten them to the flannel drawers. Yet this is a harmful habit unless the flannels are buttoned to a waist.

So long as the present fashion of the long waist continues, just so long will the straight bands which women ordinarily wear prove to be a source of discomfort.

The best remedy for this evil is the circular band that is fully two inches larger at the bottom than the top, thus allowing it to be crowded down below the waist line without harmful pressure over the abdomen.

Then, too, the unequal distribution of clothing that characterizes woman's dress accounts largely for habitually disordered circulation and consequent cold extremeties with congestion or inflammation of internal organs.

So long as French kid boots and lisle thread stockings are considered ample protection for the feet, while from five to eight thicknesses of clothing are worn over the chest and from ten to twelve over the abdomen, the blood is readily diverted from its rightful channels to others already overcharged and congested.

The weight of dress-skirts is increasing to such an extent that a warning word on this subject seems to be necessary. As proof of this assertion I will cite two examples. One was a satin skirt with ten pounds of jet trimming on it; the other a tailor-made suit in the drapery of which there was seven and one-half yards of fifty-four-inch cloth. How any woman can wear that amount of unnecessary weight suspended from the waist, I am unable to understand.

The mothers, teachers and physicians are all deserving of censure for the lack of education in regard to the care of the health during menstruation which every girl has a right to receive. Many a woman by some imprudent act during the period in her early menstrual life lays the sure foundation for weeks, months, or even years of suffering. False delicacy should not deter us from imparting this instruction to every young girl before this function has established itself.

When the mothers are made to understand that they must see to it that their young daughters have the proper mental and physical rest at the period during the first three or four years after this physiological function has made its appearance, we may reasonably expect that there will be a remarkable falling off in the number of girls that are obliged to leave school on account of ill-health. If we can convince the mothers and daughters that one of the most prolific sources of chronic inflammation of the uterus is to be found in the sudden suppression of the menstrual flow, they will undoubtedly take better care of their health during the period than many of them now do, for no woman really desires to be ill.

The cold vaginal injections, the various means resorted to by mothers to destroy the undesired fruit of the Uterus, and the frequent abortions, cannot be condemned in sufficiently strong terms for their share of the responsibility not only in causing disease of the Uterus and its appendages, but for increasing it where it already exists.

I am unable to account for imprudences after parturition except on the grounds of ignorance and necessity. When parents are taught that so long as the lochia continues, or better yet, that for six or eight weeks after labor the Uterus is in an enlarged state which renders displacement extremely liable, we may expect that there will be a decided improvement in this respect, unless stern necessity compels the mothers to engage in pursuits that at this time are detrimental to their health.

Gynæcologists are daily meeting with numerous pelvic disorders which are produced by bungling or careless obstetricians who repeatedly send forth women with lacerated cervices and ununited perineums. There is a growing sentiment against this unscientific manner of doing our work. May the day speedily come when no physician will leave a recently delivered woman until he has examined for these conditions, and finding them, has performed his whole duty.

DISCUSSION.

Dr. Palmer—That is a very able paper. I want to state a few things that a scientist in New York has sent me in the shape of a little pamphlet, speaking in regard to the mental force of ladies; in fact it is more properly brought in under the Mental Bureau of Insanity, but it will also come in here in the Bureau of Gynæcology. He said that a harmonious display of nitrogen and phosphorus was the secret of all nerve force, that this was all that was needed to run the human economy. He said that in his treatment of women he had found that the phosphorus element had been the most deficient, and he had recently prescribed remedies looking to that end; that he had had admirable results especially when they were breaking down from general nervousness.

By request Dr. Biggar was prevailed upon to recite the following case of

PHANTOM TUMOR.

H. F. BIGGAR, M. D., Cleveland.

I do not know that this will be a very interesting case to you, but it was of much interest to me and others in regard to the features developed and results attained. The case was as follows:

A young woman, very prepossessing in appearance, called at the office. I was hastening to get through to take a train out of town, and as it came to her turn she said she had a tumor and wanted it taken away. I hastily examined the abdomen and found that it corresponded to what would be about the 9th month of pregnancy; but feeling carefully for the condition and opening of the umbilicus, I found that it was unchanged. I said to her "Are you impregnated?" She said no. I said to my assistant "You take her to the hospital and on my return we will examine her—that will be within a couple of days." At that time an examination was had and I found that the confluent abdomen remained the same sitting, standing or lying down; that upon palpitation there was no detection of fluid; that there was a great thickness to the walls of the abdomen in parts amounting to three and three and a-half and four inches. She was a woman of 20 with a history as follows: Married at 14; at 16 gave birth to a still-born child; at 17 gave birth to a living child; at 18 her husband died, at the same time the enlargement appeared on the right side in the region of the ovary. There was no condition of the face that would lead one to suppose that there was anything wrong with the ovaries as regards tumors—I mean the facial expression was not changed as we find it when we have uterine tumors or uterine fibroids. Shortly after coming to the hospital, from exposure perhaps, within three days afterwards she took cold. I must say first that the uterus was normal in regard to its size; it was impregnated, and the color was natural, the color of the vagina and so forth was normal and natural; the mucous surface was as we expect it to be in non-impregnated women. She was not well when she came to the hospital. She came, she said, from Canton; she came to the hospital because her mother had been operated on for Tumor of the Ovary, and her aunt also, in the same hospital, and she wanted to come to a hospital and have this operation performed. Shortly after leaving the hospital she was taken with peritonitis. It seemed to be circumscribed. She was very sick. We thought she would die. She seemed to be in a poisoned condition—her system seemed to poisoned; perhaps septicemia. She recovered from that and upon her recovery a thorough examination was made with the expectation that if we found any growth in the abdomen it would be removed. Under the influence of the anæsthetic there was a disappearance of the Tumor; all the abdominal walls became flattened and, in fact, the Tumor disappeared entirely. Dr. Baldwin assisted me in the examination. When the patient came out from under the influence of the anæsthetic the Tumor reappeared. We tried it several times and found it so; there was an increased and diminution of the size differing but a few inches, so that it was apparent that it was a Phantom Tumor. Upon closer examination of the cavity of the vagina I found a substance which was evidently an inflammatory deposit, which was, I judged to be or possibly might be, related to the fallopian tube. It seemed to he hard in character, not fluctuating. A diagnosis was made that she had evidently cellulitis, complicated or accompanied with one or two of those remains, those hardened substances from the ovary or fallopian tube. That day we thought it best not to use the trocar and draw away or explore in regard to this mass that I speak of as being deposited. She had been through a great deal and she seemed to have a worried mind. She had won the affections of the patients in the hospital as being a woman of discretion—discreet and affectionate—but she was very reticent in regard to her past life except that which I have already given here. Upon going to the table for the operation she gave me a note addressed to the father of her husband, and in that note she expressed this wish: that in case of her death that her body should be disposed by the side of her husband, and that her child should be supported by her father-in-law. She was a Roman Catholic and had married a Protestant. She was a woman apparently well brought up but not a hard working woman, judging from the condition of her hands; the shape of and conformation of the body and everything else gave us the idea that she had been at some time in her life accustomed to luxury and comfort and ease which she was not now enjoying. The day after the operation, or rather the day after being brought out from under the influence of anæsthetics, I told her that she had no tumor, that she had a trouble such as I have already stated here. She remained in the hospital some twelve weeks: Some ladies had taken an interest in her case, and were very anxious to have her there, and they would pay her way. She was dissatisfied and in a day or two asked if she could go out and see her child, of whom she had heard nothing since she had been in the hospital for over six weeks. She left the hospital on Friday.

In the morning papers of Sunday were two articles which happened to catch my eye relative to a woman who had called upon the Sheriff and said that she was the wife of one of the fur robbers, that she had read of him and his trouble, that she had not been where she could learn sooner where he was, that she had just learned where he was and she wanted to go to him. Her story seemed very plausible. The Sheriff took her to the Health Officer, who seemed to have some pity on her, for according to a German paper which was published on the Sunday following I learned that the fur robber Johnson's wife had been cared for in a neighboring hospital and was undergoing an operation for Ovarian Tumor. On the following morning I watched to see if the operation had taken place. About twelve days afterwards the operation had taken place in a neighboring hospital I saw an article which was to this effect: That this woman, evidently the wife of the fur robber Johnson, had undergone an operation of a lengthened and serious operation for the removal of an Ovarian Tumor; that in the cavity of the abdomen they had found a quantity of pus which they washed out and put in a drainage tube, and that the woman was in a very critical condition and probably would not survive. This was Friday. On Monday morning it was stated that the woman had died from shock of the operation. Knowing the Health Officer very well, I called on him and asked him in regard to the operation He did not know that I knew her. I wanted to know if she was really a good woman. He assured me that she was not a good woman, that she was a woman of the street, that she had a plausible way, but they had every evidence against her. One thing he impressed on me in this conversation was that she was not a pure woman; that as soon as she had stated that she was related to the fur robbers the detectives were on the alert for additional facts or clues; they found that there was some grain of truth in her statements, but not sufficient to warrant any decisive action. One of the statements she made was that at a certain number on a certain street in Pittsburgh they would find in that house a certain chest, and in that chest they would find a set of furs which had been stolen. The detectives found everything as she had said except the furs, but they found that the woman who made these statements bore the name of being a dangerous woman. One other point: the night that she said she was on the train with the fur robbers she was in Canton jail, being arrested for soliciting and having three men in her room; she had been arrested as a prostitute. Now to the point: This was all elicited from the Health Officer, who said that they found the cavity to contain about half a pound of pus, that drainage was arrested and that she died within 20 hours afterwards, that the post mortem disclosed the abdomen free of Tumor. Now, whether this has been interesting to you or not, the Doctor asked me to give you this as I know it, so I have given it to you. The Phantom Tumor was caused undoubtedly from ovarian irritation or irritation of some of the appendages in connection with the uterus, under which circumstances we are apt to have these Phantom Tumors; and strange as it may seem, at that very same time, at that same hospital, under my own care, were three others similarly situated with what we regard as Phantom Tumors.

DISCUSSION.

Dr. Allen—I would like to ask Dr. Biggar if he has ever noticed any direct connection between mental shock, care, mortification, chagrin, disappointment, or something of that kind, with the production of Phantom Tumors?

Dr. Biggar—I have tried to associate in the last few years, at the suggestion of Dr. Allen, cases in reference to shock as being a cause for Cancer; that trouble, worriment of the brain, would be regarded as one cause for Cancer. The subject of Cancer came up and the discussion came on the merit of it. He made the assertion that he found that shock was a sufficient cause for Cancer. I watched the cases pretty closely and must say that in the majority of cases both in regard to Tumors and in regard to Phantom Tumors and in Cancer, there has been, it seemed to me, some shock to the nervous system from mere care, from sorrow, loss of property, etc.

CONSTITUTION.

ARTICLE I.

This society shall be known as the HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF OHIO; and its object shall be the advancement of medical science.

ARTICLE II.

Any physician of good moral character, who is a graduate of any legally constituted and reputable medical college, and who subscribes to the doctrine, *Similia Similibus Curantur*, may be elected a member of this Society upon recommendation of the Board of Censors, by a vote of two-thirds of the members present at any annual meeting.

ARTICLE III.

Every member shall, upon admission, sign the Constitution and By-Laws, and pay the initiation fee.

ARTICLE IV.

Any non-resident physician, or such other person, resident or non-resident, as may be judged worthy, from his superior attainments, in medicine or collateral branches, may be elected an honorary member by a vote of two-thirds of the members present at any annual meeting, and may participate in the proceedings of the Society, but shall not vote, and shall not be eligible to office.

ARTICLE V.

The officers of the Society shall consist of a President, two Vice-Presidents, a Secretary, Treasurer and seven Censors, who shall be elected by ballot by a majority of the members present at any annual meeting; and who shall hold office until the adjournment of the annual meeting next after that at which they were elected, and until their successors are chosen and qualified.

ARTICLE VI.

It shall be the duty of the President to preside at the meetings of the Society, to preserve order, to put questions, announce decisions and to name the members of committees not otherwise appointed.

ARTICLE VII.

It shall be the duties of the Vice-Presidents, in the order of their appointment, to discharge the duties of the President in his absence.

ARTICLE VIII.

It shall be the duty of the Secretary to give notice of the annual and other meetings of the Society, keep a record of its proceedings, conduct its correspondence, and have charge of its archives.

ARTICLE IX.

It shall be the duty of the Treasurer to receive all moneys, make all necessary disbursements, and report the same at the annual meeting.

ARTICLE X.

It shall be the duty of the Censors to receive all applications for membership, and to receive and to report to the Society upon the possession by the candidates of the qualifications required by the Constitution. Three members of the Board of Censors shall constitute a quorum.

ARTICLE XI.

The annual meeting of the Society, at which time its officers shall be elected, shall be held at such place as shall be designated in the By-Laws, on the second Tuesday in May of each year, and such other meetings shall be held as shall be ordered by the By-Laws.

ARTICLE XII.

Nine members of the Society shall constitute a quorum.

ARTICLE XIII.

An article in this Constitution may be altered or amended by a vote of two-thirds of the members present at the annual meeting, provided that notice of such intended alteration or amendment shall have been given to the Society, when in session at the annual meeting next preceeding.

BY-LAWS.

Section 1. The annual meeting of the Society shall be held at such place as may be determined by a majority of the members at each regular meeting.

Sec. 2. The initiation fee shall be one dollar, and annual dues shall be two dollars, invariably in advance.

Sec. 3. At each annual meeting, committees shall be appointed to report upon such subjects as the Society may designate.

Sec. 4. All communications read before the Society shall become its property; but no paper shall be published as a part of the transactions of the Society without its sanction.

Sec. 5. At the meeting of the Society, the following shall be the regular order of business:

1. Report of Censors; election of active and honorary members.
2. Reports of Treasurer.
3. Election of officers for ensuing year.
4. Report of Committees appointed at previous meeting.
5. Unfinished business.
6. Appointment of Committees.
7. Miscellaneous business.
8. Reading and correcting of minutes.
9. Annual Address.
10. Adjournment.

Sec. 6. All papers presented to the Society may be read by synopsis or in full, not to exceed ten minutes, except the Chairman's, which may have fifteen. Discussions shall be limited to five minutes to each speaker and no person shall speak more than twice on the same paper. Each paper shall be offered for discussion immediately after its reading.

Sec. 7. These By Laws may be altered or amended at any regular meeting, by the vote of a majority of the members present.

STANDING RESOLUTIONS.

Resolved, That we do not deem it best to issue certificates of qualifications to any person or persons except they be already members of this Society, but would refer all such cases to local, county or congressional district societies.

Adopted June 9, 1868.

Resolved, That hereafter no paper shall be published with the proceedings of this Society, the substance of which, at least, has not been addressed to the Society.

Adopted May 11, 1870.

Resolved, That all members of the Society, who shall remove from the State, shall remain members of the Society only on the payment of dues up to the time of removal, after suitable notice.

Resolved, That all members of the Society, non-residents of the State, shall be exempt from all financial obligations to the Society.

Adopted May 14, 1873.

Resolved, That hereafter when any member becomes in arrears for three years his name shall be stricken from the list of members after due notice. No member in arrears shall receive a copy of the Transactions.

Resolved, That such members may be restored to the list upon payment of arrearage to date of restoration.

Adopted May 12, 1875.

WELLCOME LIBRARY INSTITUTE

MEMBERS.

By action of the Society, members neglecting the payment of dues for three years, after proper notification from the Treasurer, shall have their names dropped from the roll of membership.

NAMES.	LOCATION.	ADMITTED.
Adams, S. E.,	Peoria, Ill.,	1869
Allan, H. C., (Honorary),	Ann Arbor, Mich.,	1883
Andrews, James,	Coldwater,	1882
Baldwin, Orpha D.,	Cleveland,	1887
Ballard, A. N.,	Birmingham, Ala.,	1877
Baker, D. F.,	Cleveland,	1879
Barlow, A. C.,	Toledo,	1865
Barbour, H. S.,	Galion,	1865
Barnhill, T. G.,	Findlay,	1875
Barns, Lewis, (Honorary),	Delaware,	1864
Baxter, H. H.,	Cleveland,	1868
Bean, J. L ,	Medina,	1871
Beckwith, D. H,,	Cleveland,	1868
Beckwith, S. R.,	Elizabeth, N. J.,	1864
Beebe, H. E.,	Sidney,	1873
Biggar, H. E.,	Cleveland.	1867
Biggar, G. G.,	Geneva,	1887
Blinn, E. P.,	Sparta,	1880
Blair, A. O., (Honorary)*	Westerville,	1864
Bradford, T. C.,	Cincinnati,	1864
Bradley, B. A.,	Cincinnati,	1882
Brown, B. P.,*	Cleveland,	1871
Buell, E. C.,	Cleveland,	1877

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*Deceased.

Buell, A. C.,	Cleveland,	1885
Buck, J. D.,	Cincinnati,	1869
Canfield, M. A.,	Cleveland,	1877
Carter, H. W.,	Cuyahoga Falls,	1871
Carter, R. B.,	Akron,	1887
Carpenter, W. B.,	Columbus,	1883
Champlin, H. D.,	Cleveland,	1887
Childs, O. D.,	Akron,	1885
Church, T. T.,	Salem,	1886
Claypool, Albert,	Toledo,	1877
Clemmer, J. W.,	Columbus,	1884
Cleveland, C. L.,	Cleveland,	1883
Clark, F. M.,	Salem,	1884
Clark, G. E.,	Stillwater, Minn.,	1883
Coffeen, C. R.,	Piqua,	1882
Coburn, S H.,	Akron,	1867
Connell, R. D.,	Columbus,	1882
Cranz, D. E.,	Wadsworth,	1886
Crank, C. D.,	Cincinnati,	1877
Crawford, J. M.,	Cincinnati,	1884
Crismore, Jas. M.,	Helena,	1886
Croft, W. B.,	Medina,	1884
Cropper, Chas., (Honorary),	Lebanon,	1864
Curtis, H. W., (Honorary),	Chagrin Falls,	1867
Cushing, C. F.,	Elyria,	1868
Dake, J. P., (Honorary),	Nashville, Tenn.,	1870
Derby, Frances G.,	Columbus,	1880
Deetrick, J.,	Youngstown,	1887
Disbro, Ira W.,	Cleveland,	1884
Dove, Alpheus,	Brookville,	1883
Duncan, T. C., (Honorary),	Chicago, Ill.,	1881
Eaton, M. M.,	Cincinnati,	1880
Edgar, S. F.,	Zanesville,	1874
Ehrman, Benj., (Honorary),*	Cincinnati,	1871
Eggleston, E. R.,	Mt. Vernon,	1877
Eisenhauer, J. A.,	Cleveland,	1885

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*Deceased.

Ellis, J. T.,	Waynesville,	1885
Fahnestock, J. C.,	Piqua,	1882
Flowers, F. L., (Honorary),	Lancaster,	1864
Flowers, J. R.,	Columbus,	1880
Fowler, E.,	Cleveland,	1868
Freeman, E. R.,	Wapakoneta,	1887
Frost, W. A.,	Sylvania,	1881
Gann, J. A.,	Wooster,	1877
Gardner, A. L.,	Painesville,	1884
Gault, Mary A.,	Cleveland,	1887
Gaylord, E. P., (Honorary),	Detroit, Mich.,	1872
Gaylord, Wm.,	Sandusky,	1885
Geiser, S. R.,	Cincinnati,	1880
Ginn, C. F.,	Miamisburg,	1882
Gillard, Edwin,	Sandusky,	1875
Gilliland, Sarah,	Covington, Ky.,	1885
Goodwin, E. M.,	Toledo,	1872
Goucher, E. T.,	Cleveland,	1885
Grant, Geo. D..	Springfield,	1881
Grabill, J. D., (Honorary),	Dayton,	1882
Griffin, C.,	Clyde,	1886
Griggs, O. P.,	Ashtabula,	1885
Griste, L. G.,	Twinsburg,	1884
Hall, E. M.,	Fredericktown,	1873
Harris, J. D.,	Franklin,	1882
Hart, F. O.,	West Unity,	1886
Hartshorn, D. W.,	Cincinnati,	1871
Hartwell, H. W.,	Toledo,	1886
Hastings. W. C.,	Van Wert,	1887
Haines, J. W.,*	Cincinnati,	1871
Hale, T. T.,	Spring Hills,	1882
Hayden, A. S.,	Columbiana,	1884
Hershburger, J. P.,	Lancaster,	1887
Hitchcock, Lena E.,	Geneva,	1887
Hooper, J. R.,	Wellsville,	1884
Houston, H. C.,	Urbana,	1882

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*Deceased.

Hoyt, C.,	Chillicothe,	1882
Hoyt, Wm.,	Hillsborough,	1871
House, R. B., (Honorary),	Springfield,	1881
Howells, Martha M.,	Cincinnati,	1880
Howard, Elmyra Y,,	Cincinnati,	1871
Hunt, M. P.,	Delaware,	1881
Hunt, B. S.,	Tawana,	1882
Hunt, W. H., (Honorary),	Covington, Ky.,	1871
Ireland, G. M.,	Jeffersonville,	1882
Jewitt, E. H.,	Cleveland,	1887
Jones, G. J.,	Cleveland,	1873
Johnson, R. B.,	Ravenna,	1869
King, Julius,	Cleveland,	1884
Kinsell, C. R.,	Columbus,	1864
Kirk, Ellen M.,	Cincinnati,	1880
Kirkland, W. H.,	Massillon,	1887
King, John C.,	Banning, Cal.,	1883
Knoff, Wm.,	Primrose,	1872
Lee, Geo.,	Washington, D. C.,	1877
Lodge, E. A., (Honorary),	Detroit, Mich.,	1864
Logee, H. M.,	Newton, Kansas,	1877
Loomis, F. R.,	Jefferson,	1886
Lounsbury, O. W.,	Cincinnati,	1873
Lovett, A. A.,	Eaton,	1885
Lukens, Benj. F.,	Germantown, Pa.,	1870
Lungren, L. S.,	Toledo,	1867
Mackentosh, C. A.,	Cincinnati,	1885
Martin, T. C.,	Cleveland,	1887
Marvin, J. J.,	Pleasant Ridge,	1878
Marks, R. T.,	Leetonia,	1884
Means, J. W.,	Troy,	1886
Metzger, Chas.,	Lima,	1884
McConnell, R. N.,	Upper Sandusky,	1872
McCormick, A. L.,	Cincinnati,	1885
McCreary, W. L.,	Knoxville, Tenn.,	1874
McDermott, G. C.,	Cincinnati,	1880

McMahon, W. R.,*	Marion,	1870
Miller, William T.,	Cleveland,	1879
Mills, M. H.,	Attica,	1882
Miller, John M.,	Springfield,	1882
Mitchell, J. A.,	Newark,	1886
Moore, G. W.,	Springfield,	1872
Morrill, E. C.,	Norwalk,	1877
Moffitt, M. M.,	London,	1882
Morrill, C.,	Cleveland,	1868
Murdock, Wm.,	Akron,	1877
Munns, C. O.,	Oxford,	1885
Norris, J. C.,	Cleveland,	1886
Oesterlin, Chas., (Honorary),	Findlay,	1864
Olmstead, C. C., (Honorary),	Milwaukee,	1864
Outland, W. H.,	Zanesville,	1882
Owens, Wm.,	Cincinnati,	1871
Owens, J. B.,	Los Angeles, Cal.,	1865
Owens, Wm., Jr.,	Los Angeles, Cal.,	1885
Parmelee, M. H.,	Toledo,	1872
Parsons, Kate,	Cleveland,	1877
Penfield, E. P.,	Bucyrus,	1865
Phillips, W. A.,	Cleveland,	1879
Pomeroy, H.,	Cleveland,	1884
Pulte, J. H., (Honorary),*	Cincinnati,	1870
Quay, George H.,	Cleveland,	1885
Reddish, A. W.,	Sidney,	1883
Rhonehouse, G. W,,	S. Toledo,	1886
Ring, Hamilton,*	Urbana,	1870
Ring, Chas. F.,	Urbana,	1885
Rockwell, J. W.,	Akron,	1887
Rorick, F H.,	Chicago, Ill.,	1886
Rowsey, W. T.,	Toledo,	1872
Royer, H. C.,	Massillon,	1877
Rush, R. B.,	Salem,	1868
Rust, E. G.,	Wellington,	1887
Salisbury, S. S.,	Washington C. H.,	1877

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*Deceased.

Sanders, J. C.,	Cleveland,	1864
Sanders, J. Kent,	Cleveland,	1884
Sawyers, C. E,,	La Rue,	1883
Schneider, N.,	Cleveland,	1865
Shappee, W. A.,	Xenia,	1880
Shepherd, A.,	Glendale,	1864
Sherwood, H. A.,	Warren,	1877
Schell, F. H.,	Cincinnati,	1880
Sheets, C. A.,	St. Mary's,	1881
Smith, G. W., (Honorary),	Cincinnati,	1864
Stephens, J. A.,	Cleveland,	1884
Stepfield, A. E.,	Doylston,	1887
Steingraver, F. C.,	Bluffton,	1883
Squires, U. H.,	Fostoria,	1886
Sturtevant, L. P.,	Conneaut,	1879
Sutphin, J. T.,	Middletown,	1871
Taylor, F. P.,*	Toledo,	1886
Thorp, Abner,	Avondale,	1887
Thorpe, S. L.,	Cleveland,	1887
Tipple, R. D-,	Toledo,	1887
Tracy, Alice M.,	Urbana,	1887
True, C. C.,	Cleveland,	1885
Vance, J. W.,	Madison, Wis.,	1878
Van Norman, H. B.,	Cleveland,	1865
Van Norman' E. V.,	Springfield,	1871
Viets, B. B.,	Cleveland,	1886
Waddell, J. H.,	Wauseon,	1886
Waddell, Flora A.,	Wauseon,	1886
Walters, Z. D.,	Marietta,	1872
Walton, C. E.,	Hamilton,	1880
Warren, R. N.,	Wooster,	1879
Watts, Wm.,	West Toledo,	1881
Webster, Wm.,	Dayton,	1864
Webster, J. K.,	Altoona, Fla.,	1882
Wells, T. E ,	Tiffin,	1886
Whitehead, J. H.,	Bowling Green,	1877

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*Deceased.

White, C. C.,	Columbus,	1864
Wilson, J. H.,	Bellefontaine,	1867
Wilson, T. P., (Honorary),	Ann Arbor, Mich.,	1864
Williams, J. W.,	Weston,	1886
Worthington, A. F.,	Cincinnati,	1870
Wright, N. E.,	Berea,	1879
Wunderlich, E. J.,	Cleveland,	1884
Zimmerman, Geo,,	Fremont,	1887

NEW MEMBERS,

Allen, Geo. F.,	Youngstown,	1888
Brenizer, N. O.,	Prospect,	1888
Brickley, Laura,	Harrison,	1888
Deuel, W. E.,	Piqua,	1888
Hartwell, Emma B.,	Toledo,	1898
Kraft, Frank,	Sylvania,	1888
Palmer, O. A.,	Warren,	1888
Pauly, C. A.,	Cincinnati,	1888
Porter, Phil.,	Detroit,	1888
Rodgers, L D.,	Chicago,	1888
Stewart, Tom M.,	Cincinnati,	1888
Tims, W. T.,	Sparta,	1888

OFFICERS OF THE SOCIETY,

SINCE ITS ORGANIZATION, 1864.

1865.

President—A. O. Blair, M. D., Cleveland.
First Vice President—E. C. Witherill, M. D., Cincinnati.
Second Vice-President—W. Webster, M. D., Dayton.
Third Vice-President—A. C. Barlow, M. D. Lancaster.
Secretary—C. Cropper, M. D., Cincinnati.
Treasurer—G. H. Blair, M. D., Columbus.

1866.

President—Lewis Barnes, M. D., Delaware.
First Vice-President—J. Bosler, M. D., Dayton.
Second Vice-President—A. Shepherd, M. D., Glendale.
Secretary—E. P. Penfield, M. D., Bucyrus.
Treasurer—C. C. White, M. D., Columbus.

1867.

President—D. H. Beckwith, M. D., Cleveland.
First Vice-President—Geo. H. Blair, M. D., Columbus.
Second Vice-President—H. S. Barbour, M. D., Galion.
Secretary—W. Webster, M. D., Dayton.
Treasurer—C. C. White, M. D., Columbus.

1868

President—J. Bosler, M. D., Dayton.
First Vice-President—G. H. Blair, M. D., Columbus.
Second Vice-President—E. C. Beckwith, M. D., Zanesville.
Secretary—A. Shepherd, M. D., Glendale.
Treasurer—C. C. White, M. D., Columbus.

1869.

President--W. Webster, M. D., Dayton.
First Vice-President—E. L. Flowers, M. D., New Lexington.
Second Vice-President—A. Shepherd, M. D., Glendale.
Secretary—T. P. Wilson, M. D., Cleveland.
Treasurer—C. C. White, M. D., Columbus.

1870.

President—E. B. Thomas, M. D., Cincinnati.
First Vice-President—S. S. Lungren, M. D., Toledo.
Secretary—T. P. Wilson, M. D., Cleveland.

1871.

President—E. C. Beckwith, M. D., Zanesville.
First Vice-President—W. Webster, M. D., Dayton.
Second Vice-President—Lewis Barnes, M. D., Delaware.
Secretary—H. H. Baxter., M. D., Cleveland.
Treasurer—J. C. Sanders, M. D., Cleveland.

1872.

President—T. P. Wilson, M. D.. Cleveland.
First Vice-President—M. H. Slosson, M. D., Dayton.
Second Vice-President—J. M. Parks, M. D., Hamilton.
Secretary—H. H. Baxter, M. D., Cleveland.
Treasurer—J. C. Sanders, M. D., Cleveland.

1873.

President—S. S. Lungren, M. D., Toledo.
First Vice-President—J. D. Buck, M. D.. Cincinnati,
Secretary—H. H. Baxter, M. D., Clevelend.
Treasurer—J. C. Sanders, M. D., Cleveland.

1874.

President—J. D. Buck, M. D., Cincinnati.
First Vice President—J. H. Coulter, M. D., Columbus.
Second Vice President—G. J. Jones, M. D., Grafton.
Secretary—H. H. Baxter, M. D., Cleveland.
Treasurer—J. C. Sanders, M. D., Cleveland.

1875.

President—J. R. Flowers, M. D., Columbus.
First Vice-President—C. C. White, M. D., Columbus.
Second Vice-President—W. M. Detweiler, M. D., Findlay.
Secretary—W. A. Phillips, M. D., Cleveland.
Treasurer—J. C. Sanders, M. D., Cleveland.

The following year, 1876, being the Centennial, and the profession being largely occupied by the World's Convention, which met in Philadelphia, no session of the Society was held.

1877.

President—W. M. Detweiler, M. D., Findlay.
First Vice-President—R. B. Rush, M. D., Salem.
Second Vice-President—Wm. Owens, M. D., Cincinnati.
Secretary—W. A. Phillips, M. D., Cleveland.
Treasurer—J. C. Sanders, M. D., Cleveland.

1878.

President—J. B. Hunt, M. D., Delaware.
First Vice-President—H. H. Baxter, M. D., Cleveland.
Second Vice-President—E. P. Gaylord, M. D., Cleveland.
Secretary—A. N. Ballard, M. D., (*pro tem.*) Shelby.
Treasurer—J. C. Sanders, M. D., Cleveland.

1879.

President—H. H. Baxter, M. D., Cleveland.
First Vice-President—E. P. Gaylord, M. D., Toledo.
Second Vice-President—Wm. Owens, M. D., Cincinnati.
Secretary—H. M. Logee, M. D., Oxford.
Treasurer—J. C. Sanders, M. D., Cleveland.

1880.

President—E. P. Gaylord, M. D., Toledo.
First Vice-President—Wm. Owens, M. D., Cincinnati.
Second Vice-President—E. Gillard, M. D., Sandusky.
Secretary—J. A. Gann, M. D., Wooster.
Treasurer—J. C. Sanders, M. D., Cleveland.

1881.

President—H. M. Logee, M. D., Oxford.
First Vice-President—H. M. Parmelee, M. D., Toledo.
Second Vice-President—G. W. Moore, M. D., Springfield.
Secretary—H. E. Beebe, M. D., Sidney.
Treasurer—J. C. Sanders, M. D., Cleveland.

1882

President—Wm. Owens, M. D., Cincinnati.
First Vice-President—E. Van Norman, M. D., Springfield.
Second Vice-President—C. C. White, M. D., Columbus.
Secretary—H. E. Beebe, M. D., Sidney.
Treasurer—J. C. Sanders, M. D., Cleveland.

1883.

President—C. C. White, M. D., Columbus.
First Vice-President—C. E. Walton, M. D., Hamilton.
Second Vice-President—W. A. Phillips, M. D., Cleveland.
Secretary—H. E. Beebe, M. D., Sidney.
Treasurer—J. C. Sanders, M. D., Cleveland.

1884.

President—J. C. Sanders, M. D., Cleveland.
First Vice-President—J. P. Geppert, M. D., Cincinnati.
Second Vice-President—M. P. Hunt, M. D., Delaware.
Secretary—H. E. Beebe, M. D., Sidney,
Treasurer—William T. Miller, M. D., Cleveland.

1885.

President—R. B. Rush, M. D., Salem.
First Vice-President—G. C. McDermott, M. D., Cincinnati.
Second Vice-President—E. R. Eggleston, M. D., Mt. Vernon.
Secretary—H. E. Beebe, M. D., Sidney.
Assistant Secretary—S. P. Geiser, M. D., Cincinnati.
Treasurer—Wm. T. Miller, M. D., Cleveland.

1886.

President—H. E. Beebe, M. D., Sidney.
First Vice-President—A. Claypool, M. D., Toledo.
Second Vice-President—O. D. Childs, M. D., Akron.
Secretary—C. E. Walton, M. D., Hamilton.
Assistant Secretary—H. A. Chase, M. D., Toledo.
Treasurer—W. T. Miller, M. D., Cleveland.

1887

President—A. Claypool, M. D., Toledo.
First Vice-President—J. W, Clemmer, M. D., Columbus.
Second Vice-President—R. N. Warren, M. D., Wooster.
Secretary—C. E. Walton, M. D., Hamilton.
Assistant Secretary—C. L. Cleveland, M. D., Cleveland.
Treasurer—H. Pomeroy, M. D., Cleveland.

1888

President—N. Schneider, M. D., Cleveland.
First Vice-President—E. R. Eggleston, M. D., Mt. Vernon.
Second Vice-President—J. A. Gann, M. D., Wooster.
Secretary—C. E. Walton, M. D., Hamilton.
Assistant Secretary—M. B. Hunt, M. D., Delaware.
Treasurer—H. Pomeroy, M. D., Cleveland.